



Speech, Language and Occupational Therapy

## Health Screening Questionnaire

- 1) Have you or anyone in your household had a fever at any point in the last ten days?
  
- 2) Have you or anyone in your household been exposed to someone with symptoms of coronavirus in the last 10 days?
  
- 3) Are you or anyone in your household feeling ill? This includes loss of taste or smell, GI symptoms, nasal congestion, fever, fatigue and body aches and/or cough?
  
- 4) Did you take your child's temperature in the last 24 hours and can you confirm it is less than 99.5 degrees F?

If you answered yes to questions 1-3, we will not be able to deliver services at this time.

Parent/guardian printed name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_