



Where Learning is Fun

530 Lakehurst Rd.,
Browns Mills, NJ 08015
Tele: (609) 893-9900

www.FunNLearnChildCare.com

Entry Health Screening QUESTIONNAIRE

(Must be true and accurate at the date and time of drop off)

1. Name of the child/staff: _____
2. Name and signature of parent/guardian _____
3. Date: _____
4. Time: _____
5. Questionnaire filled for: ___ Staff, ___ Child
6. For child the age group is: ___ 0 to under 2.5
___ 2.5 to 5, ___ 6 to 13 years
7. Temp. upon arrival (Exclude if over 100.4 or higher) _____
8. Fever reducing medication administered: ___ No, ___ Yes
9. Close contact with anyone diagnosed with COVID – 19 in past
14 days: ___ No, ___ Yes
10. Cough, shortness of breath, trouble breathing: ___ No,
___ Yes
11. At least two of headache, fever, muscle pain, chills,
repeated shaking with chills, new loss of taste or smell:
___ No, ___ Yes
12. Does household member have Cough, shortness of
breath, trouble breathing: ___ No, ___ Yes
13. Does household member have at least two of headache,
fever, muscle pain, chills, repeated shaking with chills, new
loss of taste or smell: ___ No, ___ Yes
14. Excluded: ___ No, ___ Yes (Screening Associate will fill it)

Screened by: _____

