



STUDENT / EMPLOYEE / VISITOR HEALTH SCREENING CHECKLIST

Student/ Staff / Visitor's name : _____

Date _____ Time: _____

Sesame Sprout will conduct health screenings to each student. employee or visitor entering our facility.

We will conduct a temperature screening as well of keeping social distance (6fts away from other people) wearing mask and maintaining our hygiene protocols.

If a student's parents , staff or visitor answers "Yes" to any of the screening questions, they will not be allowed to enter our school and will be advise to stay away from other people and contact their health care provider as needed.

For parents : Does your child have any of these symptoms?

For staff or visitors: Do you present any of these symptoms?

Circle Answer	Monday		Tuesday		Wednesday		Thursday		Friday	
Fever over 100.4?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Chills?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Shortness of breath?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
A new cough?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
New headache?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
New muscle aches?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
New loss of smell & appetite?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Nausea or vomiting?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Diarrhea?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Fatigue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Have you been out of the country or state?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Have you been tested for COVID - 19	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No