Cook's School Day Care Inc – Home – Daily Screening Checklist

Form to be completed daily for each arriving child and adult. **ONE** two-sided sheet per person.

Name of person being screened:	
Who is the person being screened:	❑ Provider ❑ Parent ❑ Visitor ❑ Child ❑ Other resident in home

Date Year:	M D	M D	M D	M D	M D	M D	M D
Temp (37.8+ is fever)	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever
Any symptoms? See list below	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No
If yes, specify							
Admitted today	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No
For Visitors Only							
Reason visitor present, visitor contact #							
In/out time of visitor	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm
	Out: _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm
Screener's Initials							

Date Year:	M D	M D	M D	M D	M D	M D	M D
Temp (37.8+ is fever)	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever	_____ °C ❒Fever
Any symptoms? See list below	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No
If yes, specify							
Admitted today	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No	❒Yes ❒ No
For Visitors Only							
Reason visitor present, visitor contact #							
In/out time of visitor	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm	**In:** _____ am / pm
	Out: _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm	**Out:** _____ am / pm
Screener's Initials							