

# Daily COVID-19 Screening Form

## Birmingham Bloomfield Art Center

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Current temperature \_\_\_\_\_

Does the student attending today have any of the following symptoms: **Yes**  **No**

- Uncontrolled cough
- Shortness of breath or difficulty breathing
- Loss of taste or loss of smell
- Temperature equal to or higher than 100.4

**OR** any two (or more) of the following symptoms: **Yes**  **No**

- Signs of fever (chills/sweating)
- Sore throat
- Congestion or runny nose
- Diarrhea, vomiting, or abdominal pain Muscle aches Fatigue Headache

Has student traveled internationally within the last 14 days? **Yes**  **No**

Has the student had close contact (within 6' and for a duration of 15 minutes or more) with a person that is either a confirmed (positive PCR test) or probable (positive Rapid test) COVID-19 case in the past 10 days? **Yes**  **No**

Is the student or any individual living in their household waiting for COVID-19 test results and/or tested positive for COVID-19 within the last 14 days? **Yes**  **No**

**If you answered YES to any of the above questions, please do not enter the building or send your child to class/camp and instead contact your preferred healthcare provider. Notify the camp office if your child will be absent - Camp@BBArtCenter.org - 248.644.0866 ext 128**

**Certification: I hereby certify that the responses provided above are true and accurate to the best of my knowledge.**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



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