



Penfield United Methodist Preschool
Daily COVID-19 Questions

Each person entering PUMC and PUMP are required by NYS to self-screen for symptoms of COVID-19 as a precautionary measure to reduce its spread. Responses to these questions are REQUIRED to be submitted each day prior to the arrival to PUMC and PUMP.

The PUMC and PUMP are required to maintain documentation of the completed health assessment data from each day for contact tracing purposes. All data will be kept confidential. Any person who enters the church/preschool and does not complete the online screening that day, will be required to fill out a paper version of this form.

Today's Date _____

Child's Name _____ :

**This will serve as your (the parent/guardian of child attending PUMP) acknowledgment that you have read the information and that the answers you have provided are accurate to the best of your knowledge.

Teacher/Class _____ :

Current Temperature _____ :

Pick Up Person: **ONLY IF he/she is NOT on your confirmed list OR if he/she will NOT have a PUMP car tag at Pick Up _____.

Have you been diagnosed with COVID-19 in the last 10 days?

YES NO

Is there anyone in your household who is ill or who has been diagnosed COVID-19 in the last 10 days?

YES NO

Have you been in contact with anyone who is ill, shown symptoms, or has been diagnosed with COVID-19 in the past 10 days?

YES NO

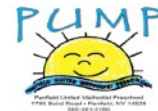
Are you or anyone in your household experiencing any of the following: New cough, shortness of breath/difficulty breathing, sore throat, new muscle aches or headaches, gastrointestinal symptoms (i.e. diarrhea, vomiting, etc), chills or repeated shaking with chills, or a new loss of taste or smell?

YES NO

Have anyone in your household traveled outside of the Finger Lakes Region, NYS or out of the U.S. in the last 10 days?

YES NO

Screened By: _____



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