



# Krescent City Kids Learning Academy-Illness Outbreak Intake Form

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Circle One:            Student            Staff Member

If student, List Child/ren's Names: \_\_\_\_\_

Answer the questions below for each person entering the building:	Yes	No
Have a Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;		
Had contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19, or someone who is ill with a respiratory illness; or		
Traveled Internationally within the last 14 days to countries with ongoing community transmission according to the CDC restricted travel list?		
<b>Temperature upon entry:</b>		

**I attest that this form was completed to the best of my knowledge. I understand that deliberately falsifying any information on this form could result in dismissal of my child.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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