



Template A

SCREENING FOR COVID-19: Children birth to 6 years

Home Questionnaire

Child's Name: _____

Dear Parent

Your child's health and safety are as important to us as it is to you. This is why it is important that you go through these questions every morning and answer them truthfully. This will help you make a decision whether it is fine for your child to go to the early childhood development programme and / or partial care facility on that day, or whether he or she needs to stay home.

Please tick yes or no to the below questions.

	Question	Yes	No
1	Does your child have a high temperature of fever?		
2	Does your child have a cough?		
3	Does your child complain about having a sore throat?		
4	Does your child have difficulty breathing normally, for example, shortness of breath?		
5	Does your child complain about feeling weak or tired?		
6	Does your child indicate to you that food or drinks taste different than usual?		
7	Are there any signs that your child's smell is affected?		

If the answers are **NO** to all the questions, then your child can attend the early childhood development programme and / or partial care facility.

ANY QUESTIONS ANSWERED YES, YOUR CHILD STAYS AT HOME.

Please bring this questionnaire and provide it to the staff member on duty at the gate of the early childhood development programme and / or partial care facility on a daily basis.

Parent's Name: _____

Date: _____ Signature: _____