



## COVID-19 Health Check Acknowledgement

After traveling, every child/family will need to complete, and sign is form before attending class. On review of the form, the Principal, will determine if your child is able to attend school.

Child's Name:	Principal's Name: Jenny Cid
School: Prince of Peace Christian, 38451 Fremont Blvd., Fremont, CA 94536	
Question:	Yes/No
1. Does your child have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, or flu like symptoms now or in the past 14 days?	
2. Has your child been diagnosed with confirmed or suspected COVID-19 infection in the past 14 days?	
3. Is your child in close contact with a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 6 ft for more than 15 minutes accumulative in 1 day)?	
4. Have you been advised by a doctor to self-isolate your child at this time?	
5. Have you been advised by a doctor to quarantine at this time?	
6. Have you or anyone in your family traveled in the last 14 days? Please explain:	
7. Have you spent time with anyone outside of your immediate family? Please explain:	
Please provide details below of any other circumstances related to COVID-19, not included in the above, which may need to be considered to allow your child to safely attend school:	

If your child's situation changes after you complete and submit this form, please contact the School Office immediately.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_