



4775 West Panther Creek Drive #280 The Woodlands, TX 77381
 281-465-0955 www.woodlandschildrensmuseum.org

Daily Workshop Attendee Workshop COVID-19 Symptom Screening Questionnaire

		Yes / NO		
1.	In the past 24 hours has your child/children experienced any of the following			
		Fever of 100.4 or higher		
		Fatigue		
		Coughing not normal for you		
		Loss of taste or smell		
		Sneezing		
		Chills, shaking or muscle aches		
		Sore throat		
		Diarrhea		
		Headaches		
		Shortness of Breath		
		Tested positive for COVID-19		
		Been personally requested to quarantine or to test for COVID-19 by a doctor or other medical authority		
	2.	In the past 24 hours has your family or your child/children been in close contact with anyone who has exhibited any symptom of COVID-19?		
3.	In the past 24 hours has your family or your child/children been in close contact with anyone who has tested positive for COVID-19 or who has been directed by a doctor or other medical authority to either quarantine or be tested for COVID-19?			
4.	In the past 24 hours has your family or your child/children traveled outside the state? If yes, where?			
5.	By signing this form I attest that my child has been fever free for the last 24 hours			

I attest that the foregoing information is true and correct.

 Parent/Caregiver/Family Member Signature

 Date