Suffolk County Department of Health SEIS Program COVID-19 Health Screening Assessment

This form must be completed for every household and provider for all in-person services **prior to each session or evaluation** to screen for possible exposure to the COVID-19 Virus. Answers should be documented rom the parent/guardian/caretaker (preschool/daycare staff). Answers will remain **confidential** in accordance with State and Federal Law and maintained by the provider.

Section 1	**Provider**	
Date:	First Name:	Last Name:
☐Independent Provider	☐Agency Name:	
Provider's Phone Number:	Provider's Email:	
Service/Eval Type:	Location of Service Session/Evaluation: ☐ home ☐ community ☐ office/facility ☐ preschool/daycare	
Address of Session/Evaluation:		

Section 2	**Parent/Guardian Information**	
Date:	First Name:	Last Name:
Child's Name:		Child's Date of Birth:
Parent/Guardian Phone number:		

Section 3	**Questions**	**Provider Response**	**Parent/Guardian Response for All**
	Have you or anyone in your household tested positive for COVID-19 in the past 14 days?	Yes □ -or- No □	Yes □ -or- No □
	Has anyone experienced symptoms of COVID-19 in the past 14 days? (symptoms include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, headache, muscle or body aches, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, fatigue, or new loss of taste and/or smell or temperature of 100° or more) **Important: For a temperature to be considered as normal, it must register lower than 100° without fever reducing medications.**	Yes □ -or- No □	Yes □ -or- No □
	Has anyone been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?	Yes □ -or- No □	Yes □ -or- No □
Note: Any "Yes" answers must be followed with a call to the provider agency who may reach out to Suffolk County Department of Health for guidance.			

Provider Signature: I hereby affirm that to the best of my knowledge, all answers above are true.

Provider Name _____ Signature _____ Date _____

Parent/Guardian Signature: I hereby affirm that to the best of my knowledge, all answers above are true.

Parent/Guardian Name _____ Signature _____ Date _____

Upon completion, please maintain this form as part of the child's case file.