



## Daily Health Screening for On-Site DNA Learning Center Programs

Name of Child: \_\_\_\_\_

Program Title: \_\_\_\_\_

I certify the following on behalf of my child and the parent, legal guardian, or anyone else transporting them to or from the DNA Learning Center.

In the last 14 days:

1. We have not had a fever of 100.0 F° (37.8° C) or higher.
2. We have not experienced symptoms such as cough, difficulty breathing, or loss of sense of smell or taste.
3. We, or anyone we have had close contact with, have not been notified about possible exposure to a confirmed case of COVID-19. **Close contact** means direct contact with infectious secretions (e.g. being coughed on) or being within six feet (two meters) for a prolonged period.
4. We have not traveled outside of the United States or to a state currently under a New York State travel restriction.

In addition:

5. My child has not vomited or had diarrhea in at least 72 hours.
6. My child has been fever free without the use of fever-reducing medications for at least 72 hours.
7. In cooperation with the Cluster Action Initiative, my child does not attend a school that is located within a red or an orange cluster zone.

By signing below, I agree that I am responsible for ensuring that my child and the person bringing my child to the DNA Learning Center for on-site instruction can attest to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date