

**Nassau County Department of Health  
Early Intervention Program  
COVID-19 HEALTH SCREENING ATTESTATION**

The Nassau County Department of Health requires all providers and families to review a daily health screening questionnaire before arriving to a child's home, daycare or provider setting for an evaluation or session.

If an individual (provider, child, family member/caregiver) answers "Yes" to any of the screening questions, they cannot enter the home, daycare or provider setting, except as otherwise indicated.

**Screening Questions to monitor daily:**

1. Is your temperature higher than or equal to 100.4 degrees Fahrenheit?
2. Have you had any known close or proximate contact with a person confirmed (by diagnostic test) or suspected (based on symptoms) to have COVID-19 in the past 10 days? Note: Close contact is defined by DOH as being within 6 feet of an individual for 15 minutes or more within a 24-hour period, starting from 2 days before symptom onset or, if asymptomatic, 2 days before the date the positive sample was collected through when they are isolated. Close contact does not include individuals who work in a health care setting wearing appropriate, required personal protective equipment.

Exception: Asymptomatic staff and children may attend if the staff/child is fully vaccinated or has recovered from laboratory confirmed COVID-19 in the previous 3 months and has not been placed on quarantine.

3. Are you currently experiencing or have you recently, (within the past 10 days) experienced ANY COVID-19 symptoms?

**Note:** Symptoms may occur with pre-existing medical conditions, such as allergies or migraines. You should only answer "Yes" if your symptoms are new or worsening.

- Cough
- Shortness of breath
- Trouble breathing
- Fever (equal to or above 100.4 degrees Fahrenheit)
- Chills
- Muscle pain or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

4. Have you tested positive for COVID-19 through a diagnostic test within the past 10 days?

**Attestation:** I agree that I will self-monitor these symptoms each day, report the outcome to the provider or family, and not enter any home, daycare or provider setting if any of the above symptoms or conditions are present.

<hr/> <p>Child's Name (Please print)</p> <p>X</p> <hr/>	<p>/ /</p> <hr/>
<p>Parent Signature</p> <p>X</p> <hr/>	<p>/ /</p> <hr/>
<p>Provider Signature</p>	

**Note:** This document must be signed and returned to the agency prior to the start of services. A signed copy needs to be provided only once. The agency must retain a copy for their records.