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| **Child Information** | **Provider Information** |
| Child’s Name: | Name:  |
| Address: | Service type: SEIT  |

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| --- | --- |
| **DATE:** | Have you (or anybody who will be present for the in-home session) experienced any symptoms of COVID-19, including a fever of 100.0 degrees F or greater, a new cough, new loss of taste or smell or shortness of breath that started in the past 10 days? |
| Provider | Child: | Parent: | Caregiver: | Caregiver: | Caregiver: |
| □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No |
| **Questions** | **Provider Response** | **Parent/Guardian response**  |
| In the past 10 days, have you gotten a lab-confirmed positive result from a COVID-19 diagnostic test (not a blood test) that was your first positive result OR was AFTER 90 days from your previous diagnosis date? | □ Yes□ No | □ Yes□ No |
| Are you considered fully vaccinated against COVID-19 by CDC guidelines OR were you recently (within the past three months) diagnosed with COVID-19 and finished isolation in the past 90 days? | □ Yes□ No | □ Yes□ No |
| To the best of your knowledge, in the past 10 days, have you been in close contact (within 6 feet for at least 10 minutes over a 24 hour period) with anyone who is currently diagnosed with COVID-19 or who has been told they have symptoms of COVID-19? | □ Yes□ No | □ Yes□ No |
| Note: follow the NYC DOE Guidance for 2021-2022 school year, contact Nata’s Kids if you have further questions |
| **Print Name** | **Signature** | **Date** |
| **Provider** |  |  |
| **Parent/Guardian** |  |  |

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| --- | --- |
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| Provider | Child: | Parent: | Caregiver: | Caregiver: | Caregiver: |
| □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No |
| **Questions** | **Provider Response** | **Parent/Guardian response**  |
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| Note: follow the NYC DOE Guidance for 2021-2022 school year, contact Nata’s Kids if you have further questions |
| **Print Name** | **Signature** | **Date** |
| **Provider** |  |  |
| **Parent/Guardian** |  |  |