## Respiratory Illness Report

dent	Name:		Date:
ПРТС	DIVIS		2
		symptoms from Part 1 are con	nsidered to have a respirator
		ho have experienced possible	
cate	d in Part 2 are considered	to have a respiratory infection	that could likely be COVID-1
•		Part 1: Medical Symptoms	**************************************
	Fever (100F or higher) or chills	☐ Muscle or body aches	☐ Congestion or runny nose
	Cough	☐ Headache	☐ Nausea or vomiting
	Shortness of breath or difficulty breathing	☐ New loss of taste or smell	□ Diarrhea 🕝
	Fatigue	□ Sore throat	15
	Par	t 2: Possible Exposure to COVI	D-19
	Has had close contact (within 6 feet for at least 15 minutes) with a person with confirmed COVID-19 including a family member currently diagnosed with COVID-19		
	Has had close contact (within 6 feet for at least 15 minutes) with an immediate family member or another person under quarantine for possible exposure to COVID-19		
	Traveled to an area where the local health department is reporting high numbers of COVID-19 cases as described in the Ohio Travel Advisory system		
X	Lives in an area of high community transmission as described in the Public Health  Advisory System by Ohio Department of Health		

Your child has displayed the symptoms listed under "Medical Symptoms". We have asked them to answer the first two questions under "Exposure to COVID-19" and have recorded their answers as given, or may have asked you to answer them. We have answered the last two questions based upon information available at <a href="https://www.coronavirus.ohio.gov">www.coronavirus.ohio.gov</a>.

This assessment does NOT diagnose your child with any specific illness.

If another family member has also experienced similar signs/symptoms, consultation with a medical professional is strongly recommended to rule out COVID-19 infection.