Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stable Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Child Name** (First Last) | **IN** | **Entrance Screening\* completed (x)** | **Parent/Guardian name & phone** | **Interactions beyond the Cohort** | **OUT** | **Symptoms and/or exposures noted** |
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| **Staff/Adult Names in Contact with Cohort\*\*** | **Role/Title** |
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\***Entrance Screening** – Must include either a visual check/parent attestation: check for the primary symptoms of concern.

\*\***Staff Name** – The name of any staff member or adult who comes in contact with the students throughout their day.