

2 a.

HEALTH SCREENING

For each person staying at Ronald McDonald House

Ronald McDonald House is a communal living facility. Therefore precautions must be taken to keep everyone as safe as possible. **Please answer truthfully** to the following questions. If your admittance is denied at present time, you will have the opportunity for future stay at Ronald McDonald House (at such time your unfavorable condition no longer exists.)

Section A. HAVE YOU HAD THE FOLLOWING:

- Yes No Fever higher than 100.4° F (38.0° C) in the past 48 hours?
- Yes No Vomiting in the past 24 hours?
- Yes No Stiff neck or headache with a fever in the past 48 hours?
- Yes No Diarrhea in the past 48 hours?
- Yes No Current skin lesions that are “weepy” (fluid or pus-filled)?
- Yes No ANY current skin rash that developed within the past 2 weeks?
- Yes No Exposure to Tuberculosis (TB) in the past 2 months?

Section B. Within the past 3 weeks, HAVE YOU HAD EXPOSURE TO and/or BEEN DIAGNOSED WITH the following – this includes a parent’s exposure to their diagnosed child:

- Yes No RSV self exposed to _____
- Yes No Chickenpox self exposed to _____
- Yes No Measles self exposed to _____
- Yes No Mumps self exposed to _____
- Yes No Whooping Cough self exposed to _____
- Yes No Head lice self exposed to _____
- Yes No Bed Bugs self exposed to _____

Section C. Life-time status regarding CHICKENPOX:

- Yes No Have you had chickenpox or shingles
- Yes No Have you been vaccinated against chickenpox (varicella)?
- If unsure about vaccination record:* Yes No Were you born after 1997?
- Yes No Did you attended public school in Mississippi?

Print Name

Date

Signature

FOR PARENT / LEGAL GUARDIAN ONLY: Print Name of Child staying at Ronald McDonald House that relates to this Health Screening -- _____