



**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)  
RESIDENTIAL TREATMENT PROGRAM COVID-19 SCREENING FORM**

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child/Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Has this child received medical care of any kind in the past 12 months?  Yes  No  Unknown

Date of Last Visit: \_\_\_\_\_ Diagnosis (if known): \_\_\_\_\_

Does the child have chronic medical conditions (i.e., diabetes, asthma, congenital heart disease)?  Yes  No

If yes, please explain:

Has the child been in close contact with a person who has COVID-19 during the last 14 days?  Yes  No

If yes, please explain:

Has the child been in contact with someone in quarantine for exposure to COVID-19 (including distant exposure)?  
 Yes  No  Unknown

If yes, please explain and document whether the exposed person has displayed any symptoms of illness:

Has the child traveled internationally in the past 3 months?  Yes  No

Has the child traveled on a cruise line with COVID-19 passengers in the past 3 months?  Yes  No

Has the child attended an event or conference with COVID-19 attendees in the past 3 months?  Yes  No

If yes to any of the questions above, please elaborate:

Does the child have any symptoms of illness (fever, cough, difficulty breathing, tiredness, vomiting, or diarrhea)?

Yes  No

If yes, please explain:

Are there any concerns about the health of this child?

Yes  No

If yes, please explain:

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Space for additional information or comments (if needed):