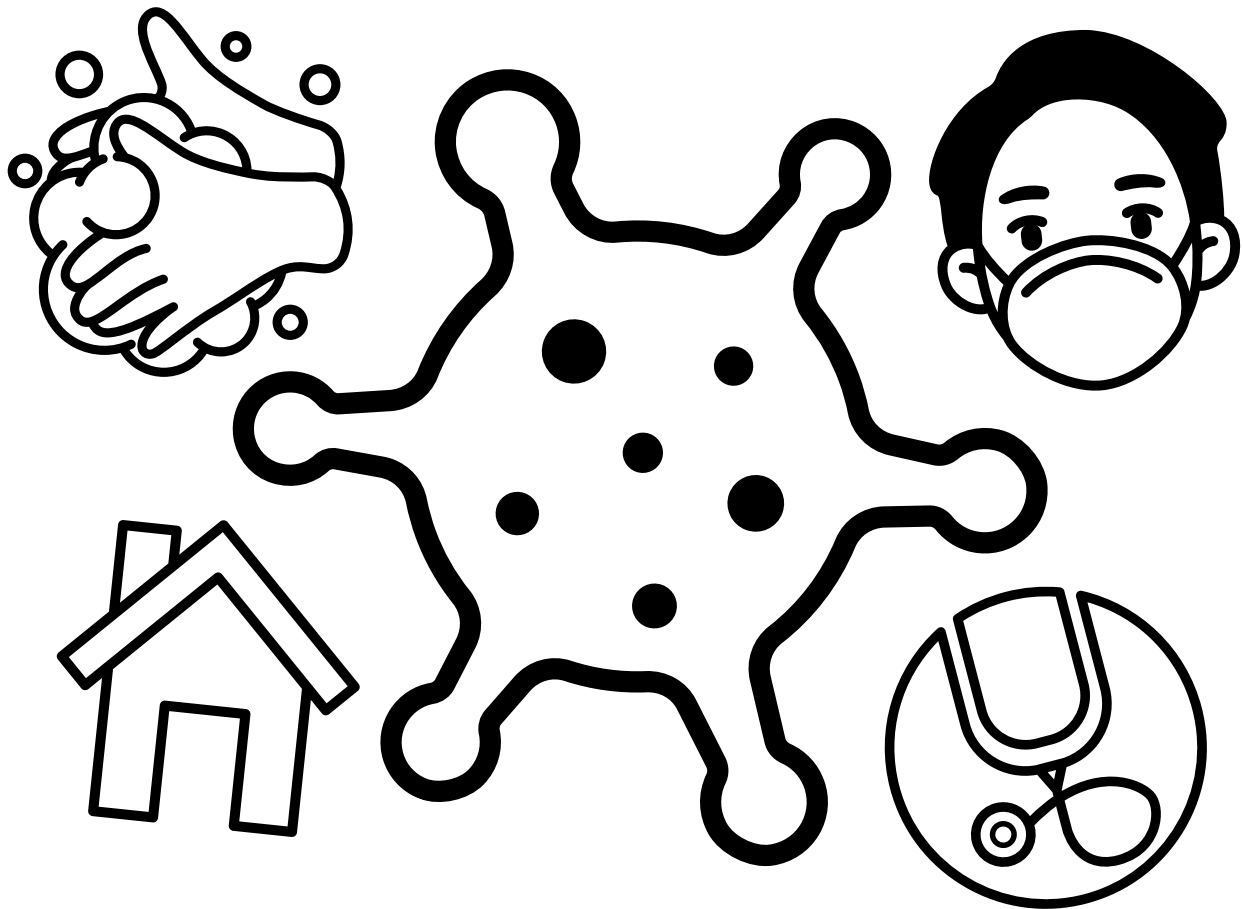


MY COVID-19 MEMORIES

By: _____



EXPERCARE

ALL ABOUT ME

I AM _____
years old

I STAND _____
inches tall

I WEIGH _____
pounds

My Favorites

Color: _____

Food: _____

Animal: _____

Book: _____

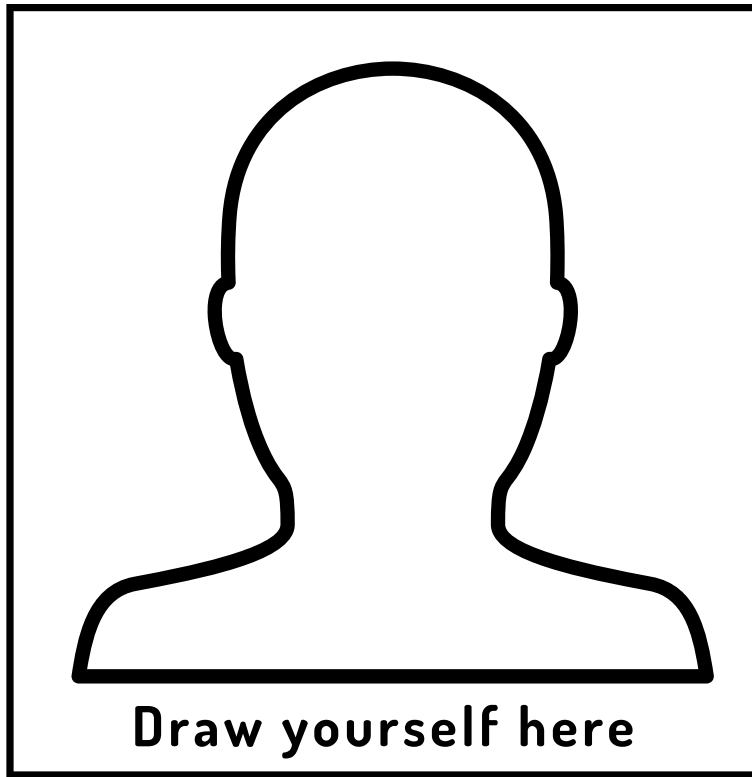
Song: _____

Activity: _____

My Best Friends:

When I grow up, I
want to be:

Date: _____



I'M FEELING

I'm most thankful for:

- _____
- _____
- _____
- _____
- _____

The 5 things I'm most excited to do when this is all over:

- _____
- _____
- _____
- _____
- _____

SUDOKU

Fill out the blocks so that the numbers one to nine will only appear once in each row, column and 3x3 grid.

		9	7	3		5	2	6
		5		2		8		
6		8					4	7
					9		6	2
	4		6		3		8	
8	9		5					
2	6					1		8
		7		1		6		
9	5	1		6	4	2		

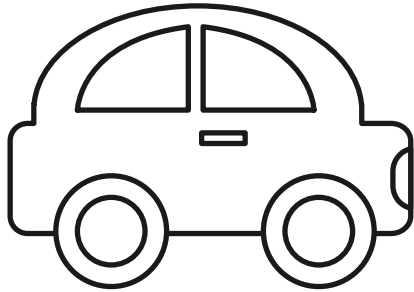
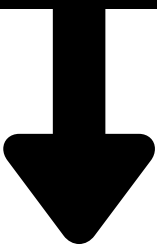
Draw a picture of all the people living in your home and
then write their names

I'VE SPENT MY
QUARANTINE WITH:

EXPERCARE

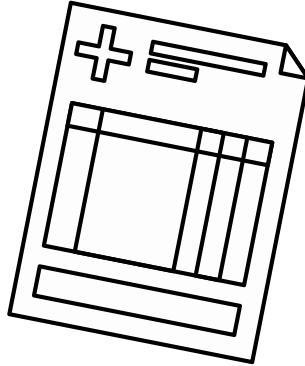
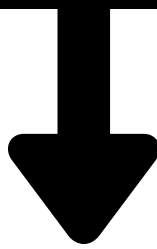
NEED EXPERCARE?

COUGH
FEVER
FATIGUE



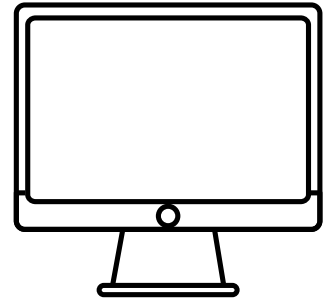
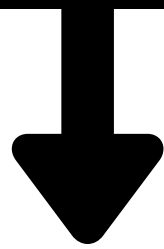
CAR-SIDE VISIT

NON-
RESPIRATORY
SYMPTOMS



IN-CLINIC VISIT

NOT
SURE?



VIRTUAL VISIT

WE'RE HERE FOR YOU!

912-756-2273 – RICHMOND HILL
912-358-1515 – SAVANNAH

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