

Daily Home Screening for Students

Parents: Please complete this short check each morning for each of your children. Should the answer be "yes" to any question 1-6, please have the child stay home and contact the school, review the backside of this form for next steps, and contact your child's school.

SECTION 1: Symptoms

If your child has any of the following symptoms, it indicates a possible illness that may decrease their ability to learn and puts them at risk for spreading illness to others. Please check your child for these symptoms:

- Temperature 100.4 degrees Fahrenheit or higher by mouth, or 100.0 degrees Fahrenheit or higher by no-touch thermometer.*
- Sore throat*
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline).*
- Diarrhea, vomiting or abdominal pain*
- New onset of severe headache, especially with fever*

SECTION 2: Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19*
- Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework*
- Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open*