

STUDENT SYMPTOM SCREENING CHECKLIST

Parents must complete this daily symptom screening at home before sending their child to school. Please keep checklist at home and complete daily.

Section 1:	Symptoms	
Does your child have a fever of 100.4 or greater?	___ Yes	___ No
Does your child have new uncontrolled or worsening cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)?	___ Yes	___ No
Does your child have a sore throat?	___ Yes	___ No
Has your child been experiencing diarrhea, vomiting or abdominal pain?	___ Yes	___ No
Does your child have new onset of severe headache, especially with a fever?	___ Yes	___ No

Section 2:	Close Contact/Potential Exposure	
Has your child had close contact (within 6 ft of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR	___ Yes	___ No
Has your child had close contact (within 6 ft of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19; OR	___ Yes	___ No
Has your child traveled to or lived in an area where the local, tribal, territorial, or state health department is reporting large numbers of COVID-19 cases	___ Yes	___ No



If YES to any question in Section 1 **BUT NO** to questions in Section 2, you are excused from school in accordance with existing school illness policy (e.g., until symptom-free for 24 hrs without fever reducing medications).

If YES to any questions in Section 1 and **YES** to any question in Section 2, you should contact your health provider for evaluation and possible testing.



If NO to all questions in Section 1 and **NO** to all questions in Section 2, enjoy your day at school!

Thank you for supporting the health of our community