**Parent/Guardian Health Screening Questions**

Please use this daily as you perform the daily health screening of your child before sending them to school.

Take your child’s temperature each morning and answer the following 5 questions as part of the daily screening:

1. Has your child had any of these symptoms in the last 24 hours?

* Fever of 100 degrees or higher
* Fatigue
* Shortness of breath or difficulty breathing
* Muscle or body aches
* Cough
* Headache
* New loss of taste or smell
* Sore throat
* Congestion or runny nose
* Nausea or vomiting; and/or
* Diarrhea

2. Has your child knowingly been in close contact of someone who has symptoms of COVID19 or someone who has tested positive for COVID 19 in the past 14 days?

3. Has your child tested positive for COVID 19 in the past 14 days?

4. Has your child experienced any symptoms of COVID 19 in the past 14 days?

5. Has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

 If you answer yes to ANY of the following, please **DO NOT** send your child to school and call your health care provider for further guidance