

STUDENT SYMPTOM SCREENING CHECKLIST

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

Section 1: Symptoms

Does your child have body aches, chills or a fever of 100.4 or greater or?	YES__	NO__
Does your child have a new or worsening cough or difficulty breathing (for students with chronic allergic/asthmatic cough, different from usual cough?)	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 a new onset of severe headache?	YES__	NO__
Does your child have a new unexplained rash?	YES__	NO__
Has your child been experiencing a new loss of taste or smell?	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 a person under quarantine for possible exposure to COVID-19: OR	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 (ex: until symptom free for 24 hours without fever reducing medications).

IF YES to any questions on 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!!