



Daily Home Screening for Students

Parents: Please complete this checklist each morning with your child or children before sending them to school.

Within the last 24 hours has your child had any of the following signs and symptoms of illness?
Please check your child for these symptoms.

Section 1: Low Risk Symptoms

| | | |
|-----|----|--|
| Yes | No | Fever (100.4 degrees Fahrenheit) without medication/Chills |
| Yes | No | Congestion/Runny Nose |
| Yes | No | Nausea/Vomiting |
| Yes | No | Diarrhea |
| Yes | No | Sore Throat |
| Yes | No | Headache |
| Yes | No | Muscle Weakness/Body Aches/Fatigue |

Section 2: High Risk Symptoms

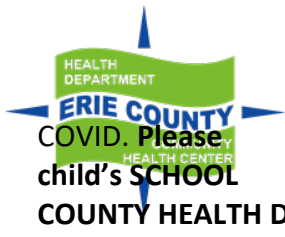
| | | |
|-----|----|---|
| Yes | No | New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline) |
| Yes | No | Shortness of breath/difficulty breathing |
| Yes | No | Change or loss of taste/smell |

- If the student/parent/caregiver answers YES to **one symptom** in Section 1: Low Risk Symptoms, the student **must stay home** until symptom improvement for at least 24 hours without fever reducing medications. Please notify your child's school.
- If the student/parent/caregiver answers YES to **two or more symptoms** in Section 1: Low Risk Symptoms, **OR YES to any of the symptoms** in Section 2: High Risk Symptoms,
 - Stay home, Seek Evaluation by a healthcare provider and notify your child's school.
 - **If positive test for COVID or refusal to seek healthcare evaluation**, student should stay home for 10 days until symptom free and at least 24 hours without fever reducing medications. If these criteria are met, the student does not need a negative test or doctor's note to return to school. **Please notify your child's SCHOOL and ERIE COUNTY HEALTH DEPARTMENT (567-867-3243).**
 - **If student has a negative COVID test obtained during current symptoms**, student should stay home until fever free for at least 24 hours and all other symptoms have gone away.

Section 3: Close Contact/Potential Exposure

| | | |
|-----|----|---|
| Yes | No | Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19 |
|-----|----|---|

- **If answered yes to the above question in Section 3**, the student must stay home for 14 days since exposure to COVID-19 positive person. **Please notify your child's SCHOOL and ERIE COUNTY HEALTH DEPARTMENT (567-867-3243).**
- **If student develops symptoms of COVID** during the quarantine period, student should be tested for



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COVID. Please
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notify your
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