



Parent/Guardian's At-Home Daily Student Health Screening



We are in the midst of a pandemic, and having your child stay home when they are ill, experiencing signs and symptoms of a communicable disease, and/or when they have come into close contact with a person who has tested positive for COVID-19, is critical to minimizing the spread of illness to others. In fact, it could make the difference between disease control and outbreak.

Prior to sending your child to school each morning, parents/guardians are being asked to conduct the At-Home Daily Student Health Screening to determine if it is safe for your child to attend school.

SECTION 1 – COVID-19 EXPOSURE & SYMPTOMS

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Has your child tested positive for COVID-19 in the last 14 days? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Has your child been in close contact (within 6 feet) with someone who has a confirmed positive or pending COVID-19 diagnosis in the past 14 day? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Has your child or anyone in your household been tested for COVID-19 (because they were experiencing symptoms, were in close contact with someone who had tested positive for COVID-19) and are awaiting results? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Is your child currently ill with COVID-19? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 2 – SIGNS OR SYMPTOMS – PAST 48 HOURS

Has your child experienced or is experiencing any of the following signs or symptoms listed below in the past 48 hours?

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Fever (100.4°F or higher) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Cough (New uncontrolled cough that causes difficulty breathing) (For students with chronic allergic/asthmatic cough, a change in their cough different from their baseline.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Shortness of Breath | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Fatigue | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Muscle or Body Aches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Headache | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Loss of taste or smell | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Sore Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Congestion, runny nose | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Nausea | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Vomiting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Diarrhea | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Other: Rash, Red Eyes, Cracked/Swollen lips, Red Swollen Tongue, Swelling hands/ feet, stomach pain | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 3 – TEMPERATURE CHECK

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | What is your child's current temperature this morning? | |
|--------------------------|--|--|

SECTION 4 – NEXT STEPS – IF YOUR CHILD HAS ANY OF THE ABOVE-MENTIONED SYMPTOMS

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | If you answer “ yes ” to any of the above, or your child's temperature is 100.4 °F (37.5°C) or higher, please do not send your child to school. | |
| <input type="checkbox"/> | You should contact your child's health care provider immediately. DON'T WAIT FOR SYMPTOMS TO WORSEN! | |
| <input type="checkbox"/> | Having these symptoms alone does not mean that your child has a contagious disease or has the virus, but ONLY a health care provider can determine that. | |
| <input type="checkbox"/> | Notify the principal at your child's school of their symptoms. | |

SECTION 5 – GUIDANCE FOR PARENTS/GUARDIANS

| | |
|--------------------------|---|
| <input type="checkbox"/> | Keep your child home if they are ill, and they should remain home for: |
| <input type="checkbox"/> | At least one day (24 hours) have passed <i>since symptoms have resolved</i> ; |
| <input type="checkbox"/> | Free of fever without the use of fever-reducing medications; |
| <input type="checkbox"/> | Improvement in respiratory symptoms (e.g., cough, shortness of breath); and/or at least 10 days have passed <i>since symptoms first appeared</i> ; |
| <input type="checkbox"/> | Continue practice health hygiene, handwashing, face covering, maintaining appropriate distance/space. |