

Daily Home Screening for Students



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Parents: Please complete this short check each morning before your child leaves for school.

SECTION 1: SYMPTOMS

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
<input type="checkbox"/>	Diarrhea, vomiting, or abdominal pain
<input type="checkbox"/>	New onset of severe headache, especially with a fever

SECTION 2: EXPOSURE

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases
<input type="checkbox"/>	Live in areas of high community transmission

If a student is exhibiting any of the symptoms in Section 1 OR has been exposed per Section 2, do NOT send them to school.

Please call your school's Attendance line and let them know your child will be absent.