

COVID-19 SCREENING CHECKLIST

Please go through this checklist every day **BEFORE** sending your child to school. If your child is ill, please keep your child home to protect the health of others.

Symptoms—Part 1		
Has your child developed ANY ONE (1) of the following symptoms within the past 24 hours?	YES	NO
Cough		
Shortness of breath or trouble breathing		
New loss of taste or loss of smell		
Fever ($\geq 100.4^{\circ}\text{F}$) or chills, or taken medication in the past 24 hours to lower their temperature (Tylenol/ibuprofen)		
Diarrhea		
Vomiting		
If you answered YES to ANY of these questions, please keep your child at home. ⇒ Contact your school district to explain why your child will be absent from school		
Symptoms—Part 2		
Has your child developed ANY TWO (2) of the following symptoms within the past 24 hours?	YES	NO
Sore throat		
Unusual fatigue		
Runny nose or nasal congestion		
Headache		
Muscle or body aches		
Nausea (feeling sick to the stomach)		
If you answered YES to TWO OR MORE of these questions, please keep your child at home. ⇒ Contact your school district to explain why your child will be absent from school		
Risk Factors		
	YES	NO
Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?		
Has your child been in close contact (less than six feet) for 15 or more minutes with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?		
Has your child been directed by your local health department to self-quarantine in the past 14 days?		
If you answered YES to ONE OR MORE of these questions, please keep your child at home. ⇒ Contact your school district to explain why your child will be absent from school		