

## 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 <b>ANY ONE (1)</b> 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		
<b>If you answered YES to ANY of these questions, please keep your child at home.</b> ⇒ Contact your school district to explain why your child will be absent from school		
Symptoms—Part 2		
Has your child developed <b>ANY TWO (2)</b> 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)		
<b>If you answered YES to TWO OR MORE of these questions, please keep your child at home.</b> ⇒ 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?		
<b>If you answered YES to ONE OR MORE of these questions, please keep your child at home.</b> ⇒ Contact your school district to explain why your child will be absent from school		