

At Home Health Screening Tool for Students

Parents/Guardians: Please review this screening tool **before** school **every morning** for each of your school-aged children. This tool is for your reference only, **do not** send it to school.

Is your child experiencing any of the following symptoms? If so, your child must stay home from school.

- New cough
- Shortness of breath or difficulty breathing
- Temperature over 100 degrees F (or 37.8 degrees C) and chills
- New loss of taste or smell
- Sore throat

Is your child experiencing any two or more of the following symptoms? If so, your child must stay home from school.

- Muscle Pain/aches
- Headache
- Runny nose/congestion (beyond known allergies)
- Nausea (do not send if vomiting or having diarrhea)

****If any of the above-listed symptoms are sudden or severe, seek immediate medical attention.****

If you answer yes to any of the following questions, keep your child home from school. Contact your medical provider for further instructions.

Please indicate yes or no next to the following statements:	Yes	No
Has your child taken cough/cold medication and/or fever reducers such as Tylenol/ibuprofen today for the above listed symptoms?		
Has your child been tested for COVID-19 in the last 10 days?		
Has your child student had close contact* with someone with a <u>confirmed</u> diagnosis of COVID-19 in the past 14 days?		

*What counts as close contact?

- Your child was within 6 feet of someone who has COVID-19 for at least 15 minutes
- Someone in your home is sick with COVID-19
- Your child had direct physical contact with the sick person (touched, hugged, or kissed them)
- Your child shared eating or drinking utensils with the sick person
- The sick person sneezed, coughed, or somehow got respiratory droplets on your child