

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?

- Feeling unwell
- Cough
- Shortness of breath or difficulty breathing
- Fever-like symptoms such as body aches, body chills and/or sweating
- Temperature over 100.0 degrees
- Muscle Pain
- Headache
- Chills or repeated shaking from chills
- Runny nose/congestion
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

If your child is experiencing any of the above listed symptoms, keep your child home from school and contact your medical provider for further instructions.

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

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 2 weeks?		
Has your child student had close contact* with someone with a <u>confirmed</u> diagnosis of COVID-19 in the past 14 days?		
Has your child had close contact* with someone with a <u>suspected</u> diagnosis of COVID-19 in the past 14 days?		
Has your child traveled by air or traveled out of state in the past 14 days? If yes, please contact the school before arriving on campus.		

*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

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