

COVID-19 Daily Health Screening Checklist

Please review daily the questions below related to COVID-19 exposure and symptoms. Please contact your student's school to report the absence. Refer to "When to Stay Home and Return to School Protocol" which can be found on our District Website under Health Services Department to guide you on when your student can return to school.

Part 1

	YES	NO
Has your child been in close contact with anyone who tested positive for COVID-19 or someone who was diagnosed with COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>



**If YES
Child to stay home**

- Student should follow COVID Protocols.
- Contact your child's school health aide.

If NO

- Continue to Part 2.

Part 2

	YES	NO
Has your child been diagnosed with COVID-19 by a health care provider in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child developed any of the following symptoms within the past 24 hours?	YES	NO
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath/trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
• New loss or sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
• Has your child taken medication in past 24 hours to lower temperature (Tylenol, ibuprofen)?	<input type="checkbox"/>	<input type="checkbox"/>



**If YES to any question in Part 2
Child to stay home**

- Student should follow COVID Protocols.
- All siblings need to stay home from school.
- Contact your child's school health aide.

If NO to all questions in Part 2

- Continue to Part 3.

Part 3

Has your child developed any of the following symptoms within the last 24 hours?

	YES	NO		YES	NO
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Nausea (<i>sick to stomach</i>) or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	Fever (100.4° F) or chills (<i>would indicate fever</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>



**If YES to 2 or more questions in Part 3
Child to stay home**

- Student should follow COVID Protocols.
- All siblings need to stay home from school.
- Contact your child's school health aide.

If YES to 1 question in Part 3

- Student to Stay Home.
- Follow "When to Stay Home and Return to School Protocol."

If you answered "no" to all of the above questions, you may return to school/ work.