



Daily Home Screening for Students

Parents: If your child has any of the following symptoms, that indicates a possible illness that may decrease your child's ability to learn and also put him/her at risk for spreading illness to others. Please complete this short checklist each morning before your child leaves for school. If your child has any symptoms- do not come to school.

Symptoms/Exposure:

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher
<input type="checkbox"/>	New cough (for students with chronic allergic/ asthmatic cough, a change in their cough from baseline), shortness of breath, or difficulty breathing
<input type="checkbox"/>	Sore throat, congestion or runny nose, body aches, new loss of taste or smell
<input type="checkbox"/>	Diarrhea, vomiting, nausea, or new onset of severe headache, especially with a fever
<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for a least 15 minutes) with a person with confirmed COVID-19, in the last 14 days