

**Daily Home Screening for Students**

**Parents:** If your child has any of the following symptoms, that indicates a possible illness that may decrease the 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:**

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|  | Temperature 100.4 degrees Fahrenheit or higher |
|  | New cough (for students with chronic allergic/ asthmatic cough, a change in their cough from baseline), shortness of breath, or difficulty breathing |
|  | Sore throat, congestion or runny nose, body aches, new loss of taste or smell |
|  | Diarrhea, vomiting, nausea, or new onset of severe headache, especially with a fever |
|  | 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 |