Symptom Screening Checklist

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.

Anyone showing symptoms of COVID-19 or who may
have been exposed to COVID-19 should not be at school.

1. Have any of the children you are dropping off had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?
o Yes   The child should not be at school. The child may return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.
o No   The child may be at school if the child is not experiencing symptoms.

2. Do any of the children you are dropping off have any of these symptoms?
o Fever/Chills
o Shortness of breath or difficulty breathing
o New cough
o New loss of taste or smell

If a child has any of these symptoms, they should go home, stay away from other people, and the family member should call the child's health care provider.

3. Since they were last at school, have any of the children you are dropping off been diagnosed with COVID-19?
o Yes
o No

If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

Returning to School
A child may return to school when a family member can ensure
that they can answer YES to ALL three questions:

o Has it been at least 10 days since the child first had symptoms?

o Has it been at least 24 hrs since the child had a fever (without fever reducing medicine)?

o Has it been at least 24 hrs since the child's symptoms have improved, including cough and shortness of breath?

ACKNOWLEDGMENT OF THE SYMPTOM SCREENING POLICY is required to be submitted to the nurse **once** for each student.

Student Name (Please Print) : _____ Grade: ____

Parent Signature: _____ Date: _____