



# Health Screening Checklist for Children

Parents, guardians, or caregivers are required to conduct daily home screenings on each student before using school transportation or physically entering school grounds.

PART 1		
Yes	No	
		Has your child been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?
		Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?
		Has your child developed any of the following symptoms within the past 24 hours? <ul style="list-style-type: none"> <li>• New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)</li> <li>• Shortness of breath/trouble breathing</li> <li>• New loss of taste or smell</li> </ul>
		Has your child taken medications in the past 24 hours to lower temperature (Tylenol, ibuprofen)?
 <p>If <b><u>YES</u></b> to any questions in Part 1, your child should not come to school.</p> <p>If <b><u>NO</u></b> to all questions in Part 1, proceed to Part 2.</p>		

PART 2		
Yes	No	Has your child developed any of the following symptoms within the past 24 hours?
		Sore throat
		Unusual Fatigue
		Nausea ( <i>sick to stomach</i> ) or Vomiting ♦
		Runny Nose or Nasal Congestion
		New Onset of Severe Headache
		Muscle or Body Aches
		Fever ( $\geq 100.4^{\circ}\text{F}$ ) or chills ( <i>would indicate fever</i> ) ♦
		Diarrhea ♦
<p>♦ Vomiting, diarrhea, and fever – alone or together – should exclude a child from school. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.</p>		
 <p>If <b><u>YES</u></b> to a ♦ in Part 2, your child should not come to school.</p> <p>If <b><u>YES</u></b> to 2 or MORE questions in Part 2, your child should not come to school.</p> <p>If <b><u>NO</u></b> to all questions in Part 2 or <b><u>YES</u></b> to 1 question in Part 2, your child may attend school.</p>		

