

Daily Home Screening For Students

Please complete this short checklist each morning before your child leaves for school.

If your child meets any of the following criteria, your child may have a possible illness that decreases your child's ability to learn and also puts your child at risk for spreading illness to others.

Please check your child for these criteria:

SECTION 1A: Symptoms (Considered symptomatic if your child has at least one (1))

<input type="checkbox"/>	Lack of smell or taste without congestion
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for staff with chronic allergic/asthmatic cough, a change in cough from baseline)
<input type="checkbox"/>	Shortness of breath

SECTION 1B: Symptoms (Considered symptomatic if your child has at least two (2))

<input type="checkbox"/>	Elevated Temperature/Fever (Oral >100.4°F, Axillary/Temporal >99.5°F)
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	*Nausea, diarrhea, vomiting, and/or abdominal pain*
<input type="checkbox"/>	New onset of severe headache, especially with a fever
<input type="checkbox"/>	*Chills, muscle pain, and/or fatigue*
<input type="checkbox"/>	Congestion or runny nose

**if more than one applies count as multiple symptoms*

SECTION 2: Close Contact/Potential Exposure (Your child should stay home if at least one (1) checked)

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Traveled to or lived in an area identified by the Pennsylvania Department of Health as recommended quarantine upon return to Pennsylvania
<input type="checkbox"/>	Had a recent COVID-19 test and are awaiting results

If your child is considered symptomatic or has had a close contact/potential exposure, please have your child stay home and contact a healthcare provider.