

# 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 onset cough (for students with chronic allergic/asthmatic cough, a change in cough from baseline)
<input type="checkbox"/>	Shortness of breath or difficulty breathing

## **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 <a href="#">area identified</a> 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 have had a close contact/potential exposure, please have your child stay home and contact a healthcare provider.**