

Health Screening Checklist

COVID-19 Health Screening Checklist for CHILDREN

Person conducting screening should maintain 6 feet of distance from child while asking questions. Questions should be posed to parents of small children; children old enough to understand and answer for themselves may be asked directly. Tool intended to assist programs to screen for COVID-19, but should not replace other communicable disease screening tools or protocols for school programs.

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 last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child been diagnosed with COVID-19 by a health care provider in the last 10 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child developed any of the following symptoms within the past 24 hours? | | |
| • Cough | <input type="checkbox"/> | <input type="checkbox"/> |
| • Shortness of breath/trouble breathing | <input type="checkbox"/> | <input type="checkbox"/> |
| • New loss or sense of taste or smell | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has your child taken medication in past 24 hours to lower temperature (Tylenol, ibuprofen)? | <input type="checkbox"/> | <input type="checkbox"/> |



**If YES to any question in Part 1, the child should be sent home.
If NO to all questions in Part 1, proceed to Part 2.**

Part 2

Has your child developed any of the following symptoms within the last 24 hours?

| | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Sore throat | <input type="checkbox"/> | <input type="checkbox"/> | Headache | <input type="checkbox"/> | <input type="checkbox"/> |
| Unusual fatigue | <input type="checkbox"/> | <input type="checkbox"/> | Muscle or body aches | <input type="checkbox"/> | <input type="checkbox"/> |
| Nausea (<i>sick to stomach</i>) or vomiting▲ | <input type="checkbox"/> | <input type="checkbox"/> | Fever ($\geq 100.4^{\circ}\text{F}$) or chills (<i>would indicate fever</i>) ▲ | <input type="checkbox"/> | <input type="checkbox"/> |
| Runny nose or nasal congestion | <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea▲ | <input type="checkbox"/> | <input type="checkbox"/> |



If YES to 2 or MORE questions in Part 2, child should be sent home.

If YES to 0 or 1 question(s) in Part 2, child may remain at facility.

Child to be sent home

- Record child's name, symptoms, and the date symptoms started in your illness log/line list.
- Child should be **immediately sent home** to isolate and should be tested for COVID-19.

Child may remain at facility

Child should wash (or sanitize) hands before having contact with other children or staff.

▲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.