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 I

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

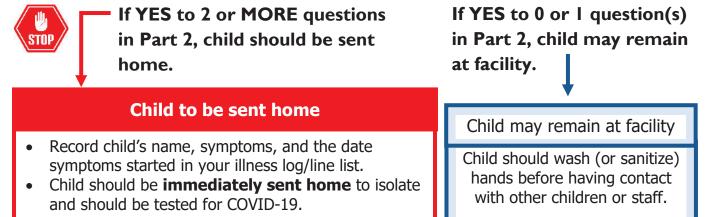
If YES to any question in Part I, the child should be sent home. If NO to all questions in Part I, proceed to Part 2.

Part 2

STOP

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

	YES	NO		YES	NO
Sore throat			Headache		
Unusual fatigue			Muscle or body aches		
Nausea <i>(sick to stomach) o</i> r vomiting▲			Fever (≥ 100.4°F) or chills <i>(would indicate fever)</i> ▲		
Runny nose or nasal congestion			Diarrhea		



▲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.