## **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			
<ul> <li>Has your child taken medication in past 24 hours to lower temperature (Tylenol, ibuprofen)?</li> </ul>			

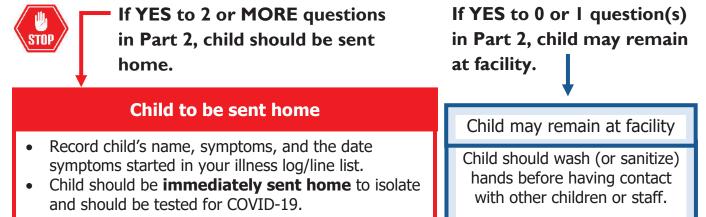
If YES to any question in Part I, the child should be sent home. If NO to all questions in Part I, proceed to Part 2.

## 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.