



## DAILY AT-HOME COVID-19 SCREENING for Students

**Parents/Guardians:** Each school day, you are responsible for completing an at-home health screening of your child for COVID-19 symptoms prior to allowing your child to board a school bus or enter a school building.

**PLEASE READ EACH QUESTION CAREFULLY AND SELECT THE ANSWER THAT APPLIES TO YOUR CHILD.**

<b>1. In the past 48 hours, has your child experienced any of the following symptoms:</b> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• fever (100°F or higher) or chills</li> <li style="display: inline-block; width: 45%;">• headache</li> <li style="display: inline-block; width: 45%;">• cough</li> <li style="display: inline-block; width: 45%;">• new loss of taste or smell</li> <li style="display: inline-block; width: 45%;">• shortness of breath or difficulty breathing</li> <li style="display: inline-block; width: 45%;">• sore throat</li> <li style="display: inline-block; width: 45%;">• fatigue</li> <li style="display: inline-block; width: 45%;">• congestion or runny nose</li> <li style="display: inline-block; width: 45%;">• muscle or body aches</li> <li style="display: inline-block; width: 45%;">• nausea or vomiting</li> <li style="display: inline-block; width: 45%;">• diarrhea</li> </ul>	<b>YES</b>	<b>NO</b>
<b>2. Is your child isolating because they tested positive for COVID-19, or are you worried that your child may be sick with COVID-19?</b>	<b>YES</b>	<b>NO</b>

If your child is **fully vaccinated** (or if your child has recovered from a documented COVID-19 infection in the last 90 days) and you answered **NO** to Questions 1 and 2, you may **STOP HERE**.

Your child **MAY ATTEND** school today.

In general, people are considered **fully vaccinated**:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines; or
- 2 weeks after a single-dose vaccine, such as the Johnson & Johnson vaccine.

**IF YOUR CHILD IS NOT FULLY VACCINATED, PLEASE CONTINUE TO ANSWER THE FOLLOWING QUESTIONS.**

<b>3. In the last 14 days, has your child been in close contact with anyone who has COVID-19?</b> <small>(Close contact means within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period.)</small>	<b>YES</b>	<b>NO</b>
<b>4. Is your child currently waiting on the results of a COVID-19 test?</b> <small>(You may answer <b>NO</b> if your child is waiting on the results of a COVID-19 test for travel purposes, college admissions, or a medical procedure unrelated to COVID-19.)</small>	<b>YES</b>	<b>NO</b>

**Did you answer NO to ALL QUESTIONS?**

Your child **MAY ATTEND** school today.

**Did you answer YES to ANY QUESTION?**

Your child **MAY NOT ATTEND** school today.  
**Please keep your child at home and notify the school.**

*Thank you for helping us protect you and others during this time.*