<u>APPENDIX 1</u>: AFFIRMATION OF INTENT TO COMPLY WITH SCREEN AND STAY REQUIREMENTS

Student/Staff Name:	Contact Date:	
You are receiving this form because the person listed a COVID-19 case that occurred during the school day, the COVID-19 case outside of school, they are unvaccinate given the option to continue with in-person learning of quarantine procedures at home. If the person has had fully vaccinated, please contact the school for further its content of the person has had the school for further its content of the school further its conte	ey have not had any other contact with a known of or only partially vaccinated, and they are being r work instead of observing normal school other contact with a case outside of school or is	
By initialing/signing this form and providing it to the so the person listed above continue participating with in- as a close contact of a COVID-19 case and that you agr each statement):	person learning or work despite being identified	
I have read the <i>Screen and Stay</i> guidance docum person listed above to continue with in-person le		
 I understand that Screen and Stay applies only to listed above must continue to quarantine away f follow normal quarantine procedures for other a activities, gatherings with individuals outside of t I (or another adult) will perform a daily symptom 	rom public/team athletic/social activities and ctivities (e.g., team sports, extracurricular heir household, etc.).	
morning at home prior to the person boarding a a full 14 calendar days from the Contact Date list	school bus or otherwise reporting to school for	
The person listed above will quarantine at home the school if they experience any of the COVID-1 14-day monitoring period.		
 Fever (100.4 or higher) or chills 	 New loss of taste or smell 	
 Cough 	Sore throat	
Shortness of breath or difficulty breathing	 Congestion or runny nose 	
 Fatigue 	Nausea or vomiting	
 Muscle or body aches 	• Diarrhea	
Headache		
	ntact Number Date	

APPENDIX 2: DAILY SYMPTOM SCREENING CHECKLIST FOR FAMILIES

Individuals or families participating in *Screen and Stay* should keep this checklist handy to guide your at-home daily symptom check. If the individual participating in *Screen and Stay* experiences **any of these symptoms or answers 'YES' to the questions** at any time during their monitoring period, they should not report for in-person learning or other in-person school activity, and the staff person, or the student's parent or guardian, should contact the school for further instructions.

Has the person experienced any of the following symptoms in the past 24-hours?				
SYMPTOM	YES	NO		
Elevated temperature (≥ 100.4°F)			Has the person been in close contact with any other individual outside of	
Chills			the school known to have COVID-19 in the past 24-hours?	
Frequent coughing			YES □ NO □	
Trouble breathing				
Unusually tired				
Muscle or body aches			Has the person been instructed by local health officials to quarantine or	
Headache			isolate within the past 24-hours?	
Trouble tasting or smelling			YES □ NO □	
Sore throat				
Stuffy or runny nose				
Nausea or vomiting			If the answers to any of these symptoms or questions is "YES", stay at home and notify the school.	
Diarrhea				

APPENDIX 3:

SCREEN AND STAY DECISION WORKSHEET

Once a person is identified as a close contact of a COVID-19 case, schools can use this worksheet to determine if that student or staff person (i.e., the *Contact*) should be given the option to participate in the *Screen and Stay* protocol or if they should follow <u>normal quarantine procedures</u>.

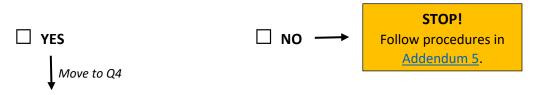
1. Did the Contact have any exposure to any COVID-19 case outside of the normal school day?



2. Did the entire period of exposure between the *Contact* and the COVID-19 case involve exposure inside the school or on school transportation where both were consistently and correctly wearing masks and/or outdoor exposure (with or without masks) during a regular school period that was monitored by a staff person?



3. Is the Contact able to continue to consistently wear a mask at all times (or can they be afforded alternative mitigation strategies) while inside the school building and have a parent/guardian screen them (or screen themselves if they are an adult) for COVID-19 symptoms prior to leaving their home every day for 14 calendar days?



4. Is the school able to restrict participation in, and provide appropriate alternatives to, higherrisk (droplet generating) activities, such as those involving singing, wind instrument playing, and aerobic Physical Education activities, for the *Contact* for 14 calendar days?

