



COVID-19 Daily Screening for Students

Parents/Guardians: Although as a school district we will be conducting daily screenings for all students as they enter our school buildings, we ask our parents/guardians to complete this short self-screening checklist each morning. If your child has any symptoms and/or is not feeling well, please keep him/her home and notify your school's nurse and/or school Principal.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

Column A

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or Runny Nose

Column B

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New Loss of Smell
<input type="checkbox"/>	New Loss of Taste

Students who are sick (e.g. fever, vomiting, diarrhea) should **not** attend school in-person. If **TWO OR MORE of the fields in Column A are checked off** OR **AT LEAST ONE field in column B is checked off**, please keep your child home and notify the school for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

<input type="checkbox"/>	Your child has had close contact (within 6 feet of an infected person for at least 15 or more minutes during a 24 hour period) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19
<input type="checkbox"/>	Your child has traveled from any U.S. state or territory outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under DOH travel restriction.

If **ANY of the fields in Section 2 are checked off**, contact your school for exclusion recommendations. Contact your child's healthcare provider or your local health department for further guidance.