

Student Name:_	
Screening Date:	

COVID-19 Student Screening Tool

This screening tool can be used in the event a student becomes ill or as a pre-screening tool for parents or school staff to determine if a student or staff member should be sent home and when they may return to school.

1. Does this student have any of the following sympto	ms? If yes, date first symptom began://
☐ Shortness of breath or difficulty breathing ☐ Cough ☐ New loss of taste or smell ☐ Fever ☐ Chills ☐ Muscle or body aches ☐ Nausea or vomiting ☐ Diarrhea ☐ Headache ☐ Sore throat ☐ Congestion or runny nose	If a student has any of these symptoms and they cannot be attributed to another diagnosis, the student may have COVID-19. The student should be sent home to be medically assessed by the student's health care provider. Follow exclusion criteria for alternate diagnosis and isolation criteria for a diagnosis of COVID-19.
☐ Yes If a student is diagnosed by their healthcare should not be at school and should stay at h	itive for COVID-19 in the last 14 days? If yes, date:/
Returning to School after	r a COVID-19 Diagnosis or Positive Test
☐ Has it been at least 10 days since the student first	d a fever (without using fever-reducing medicine)?
f a student has had a negative COVID-19 test, they can re began once there is no fever without the use of fever-red	eturn to school after at least 10 days from the date the first symptom ucing medicines and they have felt well for 24 hours.
	not have symptoms, they should remain out of school until 10 /ID-19 diagnostic test, assuming they have not subsequently
	oolicies, if they receive confirmation of an alternative diagnosis 0-19-like symptom(s), once there is no fever without the use of

fever-reducing medicines and they have felt well for 24 hours.