



SHIPPENSBURG AREA SCHOOL DISTRICT COVID-19 Daily Home Health Checklist for Families

Student Name: _____

Grade: _____

Building: _____

Parents/guardians must complete the COVID-19 Daily Self Checklist for each child daily before sending their child to school. The daily checklist requires you to take and record your child's temperature. These questions must be answered before reporting to school and you must retain this log indefinitely. Your school may ask to review your checklist should your child test positive for COVID-19 to assist with contact tracing. If you answer yes to any of these questions (or have 3 symptoms) or you have a fever of 100.4 F or higher, **DO NOT REPORT TO SCHOOL.** Call your school office.

Date	Temp. reading (do not report to school if 100.4F or higher)	Do you have 3 of the following symptoms without an known cause (i.e. asthma, COPD, sinus infection, etc.) Y=Yes or N=No								Close contact (see below) Y=Yes or N=No	New loss of taste or smell? Y=Yes or N=No	Travel outside of PA? Y=Yes or N=No	If Yes for Travel, contact your School; may need to self-quarantine up to 10 days
		Sore throat	Chills	Cough	Short of breath	Nausea	Vomiting	Diarrhea	Headache or Muscle Pain				

**Per CDC, close contact is defined as "any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated."