



## AT HOME HEALTH SCREENING TOOL FOR STUDENTS

**Parents/Guardians:** Please review this screening tool **before** school **every morning** for each of your school-aged children. Keep this tool for your reference only, **do not** send it to school.

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| <p><b><i>Has your child...</i></b></p> <ul style="list-style-type: none"> <li>-Been <b>diagnosed</b> with COVID-19?</li> <li>-Had <b>close contact*</b> (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19?</li> <li>-Has any health department or health care provider been in contact with you and <b>advised you to quarantine?</b></li> </ul> | <p><b>YES ⇒ STAY HOME.</b> The child can return to school 10 days after the last time he or she had close contact with someone with COVID-19.<br/> <b>Parents/guardians should report a positive diagnosis to the school’s nurse or principal.</b></p> <p><b>NO ⇒</b> The child can be at school if the child is not experiencing symptoms.</p> |
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**\*What counts as close contact?**

- *Your child was within 6 feet of someone who has COVID-19 for at least 15 minutes*
- *Someone in your home is sick with COVID-19*
- *Your child had direct physical contact with the sick person (touched, hugged, or kissed them)*
- *Your child shared eating or drinking utensils with the sick person*
- *The sick person sneezed, coughed, or somehow got respiratory droplets on your child.*

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| <p><b><i>Before school each morning,</i></b> take your child’s temperature and check symptoms. If your child has any of these symptoms, they should <b>stay home</b>, stay away from other people, and you should call the child’s health care provider.</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever or chills</li> <li><input type="checkbox"/> New Cough</li> <li><input type="checkbox"/> Shortness of breath/difficulty breathing</li> <li><input type="checkbox"/> Fatigue</li> <li><input type="checkbox"/> New loss of taste or smell</li> <li><input type="checkbox"/> Sore throat</li> <li><input type="checkbox"/> Muscle or body aches</li> <li><input type="checkbox"/> Congestion or runny nose</li> <li><input type="checkbox"/> Headache</li> <li><input type="checkbox"/> Nausea or vomiting</li> <li><input type="checkbox"/> Diarrhea</li> </ul> |
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| <p>Your child may <b>return to school</b> when the parent/guardian can answer <b>YES</b> to <b>ALL three</b> questions:</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Has it been at least 24 hours since the child had a fever?</li> <li><input type="checkbox"/> Has the child been without fever reducing medicine for at least 24 hours?</li> <li><input type="checkbox"/> Has it been at least 24 hours since the child’s symptoms have improved, including cough and shortness of breath?</li> </ul> |
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