



Daily Home Screening for Students

Health Screening Tool

Parents are asked to review this daily health checklist by answering these questions before sending their child to school. (Parents do not need to send the questionnaire to school)

Has your child had close contact with a confirmed case of COVID-19 in the past 14 days?

Yes ___ No ___

Does your child have a new or worsening shortness of breath?

Yes ___ No ___

Does your child have new or worsening cough?

Yes ___ No ___

Does your child have a fever of 100.4 or greater?

Yes ___ No ___

Does your child have chills?

Yes ___ No ___

Does your child have a sore throat?

Yes ___ No ___

Does your child have a new loss of taste or smell?

Yes ___ No ___



If **YES** to any of the questions **STOP!**

Do not send your child to school. Contact your healthcare provider. Contact your child's school to inform them of your child's absence.



If you are able to answer **NO** to all questions, go to school.