



Health Services Procedures and Guidelines



DAILY HOME SCREENING FOR STUDENTS

Parents: Please complete this short check each morning before your child leaves for school.

SECTION 1: Symptoms

<input type="checkbox"/>	Temperature 100°F or higher when taken by mouth
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough – a change in their cough from baseline)
<input type="checkbox"/>	Diarrhea, vomiting or abdominal pain
<input type="checkbox"/>	New onset of severe headache, especially with a fever

SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Have close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Traveled to or lived in an area where the local, Tribal, territorial or state health department is reporting large numbers of COVID-19 cases.
<input type="checkbox"/>	Live in areas of high community transmission (i.e. long-term care, correctional facility, homeless, etc.)

If your child has any of the above symptoms (Section 1) or has had potential exposure (Section 2), DO NOT send them to school.

Please call your child's school absence line to let them know your child will be absent and the reason for absence.