

Daily Home Screening for Students

SECTION 1: Symptoms

Please check your child daily for any of the following symptoms that indicate a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others.

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit 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)
<input type="checkbox"/>	Diarrhea, vomiting, or abdominal pain
<input type="checkbox"/>	New onset of severe headache, especially with a fever
<input type="checkbox"/>	Congestion and runny nose

SECTION 2: Close Contact / Potential Exposure

<input type="checkbox"/>	Had recent contact with a family member or others with a confirmed case of COVID-19
<input type="checkbox"/>	Has your child traveled to an area of wide spread transmission?