



## 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 living 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.**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>