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# Daily Home Screening for Students

**Parents: Please complete this short check each morning and report your child's information (INSERT YOUR SCHOOL REPORTING INSTRUCTIONS) in the morning before your child leaves for school.**

**SECTION 1:** Symptoms If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New uncontrolled cough that causes difficult breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with fever

**SECTION 2:** Close Contact/Potential Exposure

- Had close contact (within 6 feet of an Infected person for at least 15 minutes) with a person with confirmed COVID-19
- Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the [Community Mitigation Framework](#)

- ❑ Live in areas of high community transmission (as described in the [Community Mitigation Framework](#)) while the school remains open