

## Symptom Screening Checklist

Parents/Guardians: Please review this screening tool **before** school **every morning** for each of your school-aged children. This tool is for your reference only, **do not** send it to school.

**Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at school.**

**1. Have any of the children you are dropping off had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?**

- Yes The child should not be at school. The child may return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.
- No The child may be at school if the child is not experiencing symptoms.

**2. Do any of the children you are dropping off have any of these symptoms?**

- Fever/Chills
- Shortness of breath or difficulty breathing
- New cough
- New loss of taste or smell

If a child has any of these symptoms, they should go home, stay away from other people, and the family member should call the child's health care provider.

**3. Since they were last at school, have any of the children you are dropping off been diagnosed with COVID-19?**

- Yes
- No

If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

## Returning to School

A child may return to school when a family member can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 24 hrs since the child had a fever (without fever reducing medicine)?
- Has it been at least 24 hrs since the child's symptoms have improved, including cough and shortness of breath?

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**ACKNOWLEDGMENT OF THE SYMPTOM SCREENING POLICY** is required to be submitted to the nurse **once** for each student.

Student Name (Please Print) : \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_