## **COVID-19 Health Screening Checklist for CHILDREN**

Parents: Please complete this health screening each morning and follow the appropriate steps.

## Part I

	YES	NO
Has your child been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days?		
Has your child been diagnosed with COVID-19 by a health care provider in the last 10 days?		
Has your child developed any of the following symptoms within the past 24 hours?		
Cough		
Shortness of breath/trouble breathing		
New loss or sense of taste or smell		
<ul> <li>Fever (≥ 100.4°F) or chills (would indicate fever) or have taken fever reducing medication in the last 24 hours.</li> </ul>		



If YES to any question in Part I, the child should be stay home, isolate and doctor should be called for possible COVID test.

If NO to all questions in Part 1, proceed to Part 2.

Part 2
Has your child developed any of the following symptoms within the last 24 hours?

	YES	NO		YES	NO
Sore throat			Headache		
Unusual fatigue			Muscle or body aches		
Nausea <i>(sick to stomach) o</i> r vomiting ▲			Diarrhea▲		
Runny nose or nasal congestion					



If YES to 2 or MORE questions in Part 2, child should stay home.

If YES to 0 or 1 question(s) in Part 2, child may go to school

## Child should home

 Child should stay home, isolate and doctor should be called for possible COVID test. Child can go to school.

Child should wash (or sanitize) hands before having contact with other children or staff.

▲Vomiting, diarrhea —alone or together with another symptom—should always exclude a child from school. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation. If vomiting or diarrhea are the only symptom student must remain home until 24 hours symptom free.

PLEASE REFER TO THE ACCOMPANYING CHART TO DETERMINE WHAT STEPS SHOULD BE TAKEN AND WHEN YOUR CHILD WOULD BE ABLE TO RETURN TO SCHOOL.