



COVID-19 Daily Screening for Students

Name _____ Date _____

Parents/Guardians: Please complete this short check each morning.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

COLUMN A	COLUMN B
<ul style="list-style-type: none"><input type="checkbox"/> Chills<input type="checkbox"/> Rigors (shivers)<input type="checkbox"/> Myalgia (muscle aches)<input type="checkbox"/> Headache<input type="checkbox"/> Sore Throat<input type="checkbox"/> Nausea or Vomiting<input type="checkbox"/> Diarrhea<input type="checkbox"/> Fatigue<input type="checkbox"/> Congestion or runny nose	<ul style="list-style-type: none"><input type="checkbox"/> Fever (measured or subjective)<input type="checkbox"/> Cough<input type="checkbox"/> Shortness of Breath<input type="checkbox"/> Difficulty Breathing<input type="checkbox"/> New loss of smell<input type="checkbox"/> New loss of taste

Students who are sick (e.g. fever, vomiting, diarrhea) should **not** attend school in-person. If **TWO OR MORE of the fields in Column A are checked off OR AT LEAST ONE field in column B is checked off**, please keep your child home and notify the school for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

- Your child has had close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with COVID-19
- Someone in your household is diagnosed with or being tested for COVID-19
- Your child has [traveled from any U.S. state or territory](#) outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under the [\[link DOH travel restrictions\]](#)

If ANY of the fields in Section 2 are checked off, contact your school for exclusion recommendations. Also, contact your child's healthcare provider or your local health department for further guidance.