

COVID-19 Health Screening Checklist for CHILDREN

Person conducting screening should maintain 6 feet of distance from child while asking questions. Questions should be posed to parents of small children; children old enough to understand and answer for themselves may be asked directly. Tool intended to assist programs to screen for COVID-19, but should not replace other communicable disease screening tools or protocols for school programs.

Part 1

	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?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been diagnosed with COVID-19 by a health care provider in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child developed any of the following symptoms within the past 24 hours?		
➤ Cough	<input type="checkbox"/>	<input type="checkbox"/>
➤ Shortness of breath/trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
➤ New loss or sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
➤ Has your child taken medication in past 24 hours to lower temperature (Tylenol, ibuprofen)?	<input type="checkbox"/>	<input type="checkbox"/>



If YES to any question in Part 1, the child should be sent home.
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	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Nausea (<i>sick to stomach</i>) or vomiting▲	<input type="checkbox"/>	<input type="checkbox"/>	Fever ($\geq 100.4^{\circ}\text{F}$) or chills (<i>would indicate fever</i>) ▲	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea▲	<input type="checkbox"/>	<input type="checkbox"/>



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



Child to be sent home

- Record child's name, symptoms, and the date symptoms started in your illness log/line list.
- Child should be **immediately sent home** to isolate and should be tested for COVID-19.

If YES to 0 or 1 question(s) in Part 2, child may remain at facility.



Child may remain at facility

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

▲Vomiting, diarrhea, and fever—alone or together—should exclude a child from school.