

Oakwood CUSD #76

Daily Student Self-Certification Health Screen Tool

If you answer YES to any of the questions below, please have your **child(ren) STAY HOME**, contact your child's school to report their absence and contact their physician to report the information.

Question	Yes	No
Does your child have a temperature over 100°F?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce fever?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had close contact or cared for someone with COVID-19 within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child returned from travel outside the United States or from a cruise ship or river boat within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child experiencing any of the following symptoms?		
· Chills	<input type="checkbox"/>	<input type="checkbox"/>
· Cough	<input type="checkbox"/>	<input type="checkbox"/>
· Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
· Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
· Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
· Headache	<input type="checkbox"/>	<input type="checkbox"/>
· New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
· Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
· Congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
· Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
· Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>