

# Daily Home Screening for Students

**Parents: Please complete this short check each morning and report your child's information in the morning before your child leaves for school. If any of the boxes below are listed as "yes", your child should not report to school.**

## SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
	Sore throat
	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
	Diarrhea, vomiting, or abdominal pain
	New onset of severe headache, especially with a fever

## SECTION 2: Close Contact/Potential Exposure

	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
	Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the <a href="#">Community Mitigation Framework</a>
	Live in areas of high community transmission (as described in the <a href="#">Community Mitigation Framework</a> ) while the school remains open

