

## Health Screening Checklist

### COVID-19 Home Screening Checklist for Students

Part I	YES	NO
Has your student been in close contact with anyone who tested positive for COVID-19 within the last 14 days?		
Does any member of your household currently have symptoms of COVID-19?		
Has your student been diagnosed with COVID-19 by a health care provider in the last 10 days?		
Has your student been tested for COVID-19 and you are still waiting for test results?		
Has your student developed any of the following symptoms within the past 24 hours?		
• Cough		
• Shortness of breath/trouble breathing		
• New loss of sense of taste or smell		
• Has your student had a fever (>100.0) or taken any medication in the past 24 hours to lower their temperature?		



**If YES to any question in Part I, your student should stay home to isolate and should be tested for COVID-19 if they have not yet been tested.**

**If NO to all questions in Part I, proceed to Part 2.**

Part 2 Has your student developed any of the following symptoms within the last 24 hours?					
	YES	NO		YES	NO
Sore throat			Headache		
Unusual tiredness			Muscle or body aches		
Nausea (stomach ache) or vomiting *			Diarrhea *		
Runny nose or a stuffy nose					



**If YES to 2 or MORE questions in Part 2, your student should stay home to isolate and should be tested for COVID-19.**

**If YES to 0 or 1 question(s) in Part 2, your student may come to school.** (With the exception of vomiting and/or diarrhea. If your student's only symptoms, are vomiting and/or diarrhea, they do not need to be tested for COVID-19, but should follow the district's regular illness policy and remain at home until free from vomiting and diarrhea for 24 hours.)