## DAILY STUDENT HOME SYMPTOM SCREENING

Symptoms reflect CDC guidelines as of February 2021

<b>Families</b> : This Symptom Check <u>must be</u> completed student(s) answer 'YES' to any of the symptoms be	-		
This is a critical step in keeping our school community healthy.			
SECTION 1-SCREENING QUESTIONS			
<ol> <li>Has your student been exposed to anyone who has tested positive to COVID-19 within the last 14 days? ☐ YES ☐ NO</li> <li>Is your student or anyone in the household currently under quarantine due to COVID-19? ☐ YES ☐ NO</li> </ol>			
SECTION 2-SCREENING QUESTIONS Individuals with COVID-19 have had a wide range of symptoms reported — ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.			
In the last 24 hours, has your student had any of these symptoms, not related to a pre- existing condition that has been medically documented?			
* indicates a symptom that is high risk or highly suggestive of COVID-19.			
*Fever of 100.4 or higher (Temp should be taken daily)		YES	□NO
*Cough		YES	□NO
*Shortness of breath or difficulty breathing		YES	□NO
*New loss of taste or smell		YES	□NO
Headache		YES	□NO
Sore Throat		YES	□NO
Fatigue		YES	□ NO
Muscle or Body Aches		YES	□ NO
Nausea/vomiting		YES	□NO
Diarrhea		YES	□ NO
Congestion or Runny Nose	П.	VES	

Students answering 'YES' to any of the above symptoms, or who have been exposed to someone with COVID-19, MUST STAY HOME! Please call the school office to report your student's absence.

<sup>\*</sup>Form for home use only, do not submit a copy to your student's school site.