

# Daily Home Screening for Students

**Parents: Please complete this short check each morning. Call your school's nurse and report that your child will be absent, if your child has any of the symptoms described in Section 1 or has been in close contact/potentially exposed to COVID-19 as described in Section 2 below.**

## 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

