Daily Health Screening Card



Temperature reading

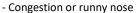
taken at home

Temp @ school: _

Student Name: _

SYMPTOMS? Date: ______ Is your student exhibiting any of the following that cannot be attributed to another pre-existing health condition:

- Temperature of 100.4 or higher or chills
- Cough, new/uncontrolled or that causes difficulty breathing
- Shortness of breath
- Unusual fatigue
- Muscle or body aches
- Headache, new onset
- New loss of taste or smell
- Sore throat



- Nausea, vomiting or diarrhea

No to <u>all</u> (proceed to next question)

Yes to <u>any</u> (keep student home; call school to report absence)

CLOSE CONTACT/POTENTIAL EXPOSURE?

Has your student had any of the following:

- Close contact with a person with confirmed COVID-19
- Positive COVID-19 test in the past 10 days
- Concerns about possible COVID-19 infection voiced by a public health/medical professional in past 14 days?
- No to <u>all</u> (proceed)
- **Yes to** <u>any</u> (keep student home; call school to report absence)

Parent initial:

If NO to all, send your student to school with:

1.) This completed card

Daily Health Screening Card



Temperature reading

taken at home

Temp @ school:

2.) Face covering

Date:

Student Name:

SYMPTOMS?

Is your student exhibiting any of the following that cannot be attributed to another pre-existing health condition:

- Temperature of 100.4 or higher or chills
- Cough, new/uncontrolled or that causes difficulty breathing
- Shortness of breath
- Unusual fatigue
- Muscle or body aches
- Headache, new onset
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting or diarrhea
- No to <u>all</u> (proceed to next question)

Sector Yes to any (keep student home; call school to report absence)

CLOSE CONTACT/POTENTIAL EXPOSURE?

Has your student had any of the following:

- Close contact with a person with confirmed COVID-19
- Positive COVID-19 test in the past 10 days
 - Concerns about possible COVID-19 infection voiced by a public health/medical professional in past 14 days?
- No to <u>all</u> (proceed)
- Section 2 Yes to any (keep student home; call school to report absence)

Parent initial:

If NO to all, send your student to school with:

1.) This completed card 2.) Face covering

Daily Health Screening Card

Student Name: _



Temperature reading

taken at home

Temp @ school:

SYMPTOMS?

Is your student exhibiting any of the following that cannot be attributed to another pre-existing health condition:

Date:

- Temperature of 100.4 or higher or chills
- Cough, new/uncontrolled or that causes difficulty breathing
- Shortness of breath
- Unusual fatigue
- Muscle or body aches
- Headache, new onset
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting or diarrhea
- **No to** *all* (proceed to next question)
- **Yes to** <u>any</u> (keep student home; call school to report absence)

CLOSE CONTACT/POTENTIAL EXPOSURE?

Has your student had any of the following:

- Close contact with a person with confirmed COVID-19
- Positive COVID-19 test in the past 10 days
 - Concerns about possible COVID-19 infection voiced by a public health/medical professional in past 14 days?
- No to <u>all</u> (proceed)

Parent initial:

If NO to all, send your student to school with: 1.) This completed card 2.) Face covering

Daily Health Screening Card



Temperature reading

taken at home

Temp @ school:

Student Name: _

SYMPTOMS?

Is your student exhibiting any of the following that cannot be attributed to another pre-existing health condition:

Date:

- Temperature of 100.4 or higher or chills
- Cough, new/uncontrolled or that causes difficulty breathing
- Shortness of breath
- Unusual fatigue
- Muscle or body aches
- Headache, new onset
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting or diarrhea

No to <u>all</u> (proceed)

1.) This completed card

Parent initial:

- **No to** <u>all</u> (proceed to next question)
- **Yes to** <u>any</u> (keep student home; call school to report absence)

- Concerns about possible COVID-19 infection voiced by a

Yes to <u>any</u> (keep student home; call school to report absence)

2.) Face covering

public health/medical professional in past 14 days?

If NO to all, send your student to school with:

CLOSE CONTACT/POTENTIAL EXPOSURE?

- Has your student had any of the following:
- Close contact with a person with confirmed COVID-19
- Positive COVID-19 test in the past 10 days