

# STUDENT COVID-19 SELF-SCREENING TOOL

This document is based on the Center for Disease Control (CDC) guidelines and is intended to be used daily.

**Parent/Guardian:** Use the screening tool for each child in your household prior to your child(ren) boarding a school bus or arriving to a school building. If your child(ren) experience any COVID-19 symptoms or are a close contact as defined below, please keep your child home from school. Please notify your child's school if your child(ren) or someone in your household has tested positive or is considered presumed positive for COVID-19.

## SECTION 1: SYMPTOMS



Feeling feverish or have a fever of 100.4°F or higher.  
Have chills.



Sore throat.



New uncontrolled cough, congestion or runny nose (for students with chronic allergic/asthmatic cough, a change in their cough from baseline). Shortness of breath.



Diarrhea, nausea or vomiting. New muscle aches.



New onset of headache.



New loss of smell or taste.

## SECTION 2: CLOSE CONTACT/POTENTIAL EXPOSURE

Had close contact (within 6 feet for longer than 15 cumulative minutes within a 24-hour time period) with a person with confirmed COVID-19.