

# 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 and contact your school for further instructions.

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: SYMPTOM CHECKLIST

- Feeling feverish or have a fever of 100.4°F or higher.
- Have chills.
- Sore throat.
- New uncontrolled cough (for students with chronic allergic/asthmatic cough, a change in their cough from baseline).
- Shortness of breath.
- Congestion or runny nose
- Diarrhea, nausea or vomiting.
- New muscle aches.
- Excessive fatigue.
- New onset of headache.
- New loss of smell or taste.

## SECTION 2: CLOSE CONTACT/POTENTIAL EXPOSURE

Had close contact (within 6 feet for 15 consecutive minutes or longer) with a person that has recently tested positive for COVID-19.