

# COVID-19 Health Screening Checklist for Children

Parents: Please complete this short checklist each morning before your child leaves for school

## PART 1

- Has your child been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?
- Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?
- Has your child developed any of the following symptoms within the past 24 hours?
  - Cough
  - Shortness of breath/trouble breathing
  - New loss or sense of taste or smell?
- Has your child taken medication in the past 24 hours to lower temperature (Tylenol, ibuprofen?)



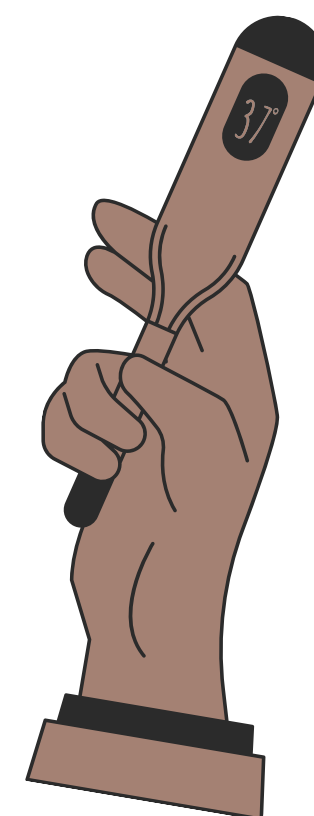
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any question in Part 1, the child can NOT go to school and you must notify the school of your child's symptoms and/or of your child being in close contact

If NO to all questions in Part 1, proceed to Part 2

## PART 2

- Has your child developed any of the following symptoms within the past 24 hours?
  - Sore Throat
  - Unusual Fatigue
  - Nausea (sick to stomach) or vomiting
  - Runny nose or nasal congestion
  - Headache
  - Muscle or body ache
  - Fever (>100.4°F) or chills (would indicate fever)
  - Diarrhea



YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to 2 or MORE questions in Part 2, your child can NOT go to school and you must notify the school of your child's symptoms

If YES to 0 or 1 of the followings; Vomiting, Fever, or Diarrhea- the child must stay home and you should notify the school

If YES to 0 or 1 of the following; Sore Throat, Unusual Fatigue, Runny Nose/ Nasal Congestions, Headache, Nausea, or Muscle/Body Aches the child may go to school.

While COVID-19 may exhibit mild to moderate symptoms in many children, if your child begins to exhibit any of the following emergency warning signs for COVID-19, seek medical attention immediately: **trouble breathing, persistent pain or pressure in the chest, new confusion or inability to be woken up, bluish lips or face**

This list is not all symptoms. **Please call your medical provider** for any other symptoms that are severe or concerning to you.