

HEALTH SCREENING CHECKLIST

Please ask your child to answer YES or NO to the following questions each day:

- Are you feeling feverish?
- Do you have the chills?
- Do you have a new cough?
- Do you have shortness of breath?
- Do you have a new sore throat?
- Do you have new muscle aches?
- Do you have a new headache?
- Do you have a new loss of smell or taste?
- Do you feel nauseous?
- Do you have diarrhea?
- Have you had close contact with someone who has symptoms consistent with COVID-19 or a confirmed case of COVID-19?

Symptoms of COVID-19 include: new onset cough or shortness of breath by themselves OR at least 2 of the following: fever (100.4 degrees or higher), chills, muscle pain, sore throat, loss of smell and/or taste, and gastrointestinal symptoms of diarrhea, vomiting or nausea.

If your child has a new symptom (for example, new loss of smell only) with no other diagnosis to explain it, they should stay home and their health care provider should be consulted about whether or not to get tested for COVID-19, even if it is the only symptom they are experiencing.

Please do not send students with symptoms consistent with COVID-19 to school. Keep them home, monitor them and talk to your healthcare provider about possibly getting tested for COVID-19.