

## Daily Home Screening for Students

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

### SECTION 1: SYMPTOMS

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	New uncontrolled cough or difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
<input type="checkbox"/>	Nausea / Vomiting / Diarrhea
<input type="checkbox"/>	New onset of headache, especially with a fever
<input type="checkbox"/>	Congestion, runny nose (not related to allergies)
<input type="checkbox"/>	Fatigue, muscle or body aches
<input type="checkbox"/>	Loss of taste or smell

### SECTION 2: EXPOSURE

<input type="checkbox"/>	Had close contact (less than 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases

**If a student is exhibiting any of the symptoms in Section 1 OR has been exposed per Section 2, do NOT send them to school.**

**Please call your school's Attendance line and let them know your child will be absent.**

Adapted from the "Daily Home Symptom Screening for Students" provided by CDPH Industry Guidelines

Revised 09-21-2020