

Daily COVID-19 Health Screening Tool

Exposure Check

	<p>Within the past 10 days, has the child had close contact with anyone in the household who was diagnosed with COVID-19 or who had a positive test confirming they had the virus?*</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Within the past 10 days, has the child had close contact with anyone outside the household who was diagnosed with COVID-19 or who had a test confirming they have the virus?*</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Symptom and Visual Check

	<p>In the past 10 days was the child diagnosed with or have a test confirming they have COVID-19?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Temperature _____°F</p>	<input type="checkbox"/> Temperature taken on-site <input type="checkbox"/> Temperature taken at home	
<p>Since the child was last at school/afterschool/camp (or in the last 10 days if the child has been out for longer than 10 days), has the child had any of these symptoms, new or different from what they usually have, if not explained by another reason?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>*If child has any of these listed symptoms (regardless of vaccination status) or history of COVID-19 within the last 10 days, please send them home with requirements for returning.</p>			
<p>New or persistent cough</p>	<p>Sore throat</p>	<p>Muscle Pain</p>	<p>Fever</p>
<p>Shortness of breath or difficulty breathing</p>	<p>Headache</p>	<p>Nausea/Vomiting</p>	<p>Chills</p>
<p>New loss of taste or smell</p>	<p>Diarrhea</p>	<p>Fatigue</p>	<p>Congestion/Runny nose</p>

*Close contact means that the child was within 6 feet of a COVID+ person during their infectious period for 15 minutes or longer (including multiple shorter periods that add up to 15 minutes) within a 24-hour period masked or unmasked.