



### Daily COVID-19 Home Screening for Students

**Parents/Guardians:** Please review this short home health check each morning. The form does not need to be turned in. It is to be used as a reference. **You MUST complete the online Daily Health Check on Tadpoles prior to drop-off.**

#### **Section 1: Symptoms**

Any of the symptoms below could indicate a COVID-19 infection in children. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all or none of these symptoms. Please check your child daily for these symptoms to help reduce the spread of COVID-19.

#### **Column A**

	Fever ( measured or subjective)
	Chills
	Rigors( Shivers)
	Myalgia ( muscle aches)
	Headache
	Sore throat
	Nausea or vomiting
	Diarrhea
	Fatigue
	Congestion or runny nose

#### **Column B**

	Cough
	Shortness of Breath
	Difficulty Breathing
	New loss of smell
	New loss of taste

Parents should not send students to school when sick. Children who meet the following criteria will be excluded and may need a Covid-19 test to return.

**At least two of the following symptoms from **Column A:****

Fever (measured or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, runny nose

**OR**

**At least one of the following symptoms from **Column B:****

Cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder.

***Exception: For students with documented chronic illness, only new symptoms, or symptoms worse than baseline, will warrant need for exclusion and/or testing.***

***Exception: If your child has had no known close contact with someone positive for Covid-19 in the last five days, and the doctor provides an alternate diagnosis (i.e. strep throat), they do not need a Covid-19 test to return.***

**Section 2: Close Contact/Potential Exposure**

Please verify if:

	Your child has had close contact ( within 6 feet of an infected person for <b>at least 15 minutes or more during a 24 hour period</b> ) with a person with confirmed COVID-19
	Someone in your household is <b>diagnosed with or has symptoms</b> ( see above) of COVID-19

If **ANY** of the fields in section 2 are checked off, please keep refer to the flow chart for Close - Contacts

