



Daily COVID-19 Health Screening



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 have the virus?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<p>Within the last 14 days, has the child had close contact with someone 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>Since the child was last at school (or in the last 10 days if the child has been out of school longer than 10 days), has the child had any of these symptoms, new or different from what they usually have, or not explained by another reason?</p> <p>*If child has any of these listed symptoms or history of COVID-19 within the last 10 days, please send them home with requirements for returning to school.</p>					<input type="checkbox"/> Yes <input type="checkbox"/> No
		Shortness of breath or difficulty breathing		Sore throat		Fatigue
		Fever or chills		New loss of taste or smell		Muscle or body aches
		Nausea or vomiting		Cough		Congestion or runny nose
	Diarrhea		Headache			

Close contact means that the child was within 6 feet of a COVID+ person for 15 minutes or longer (including multiple shorter periods that add up to 15 minutes) EVEN IF both the child and the other person were wearing masks. Close contact can also mean that the child had a major exposure to the COVID+ person's respiratory droplets – for example, the sick person coughed directly on the child.