

## Daily Home Screening for Students

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

### SECTION 1: SYMPTOMS

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	New uncontrolled cough and/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 within a 24 hour period) with a person with confirmed COVID-19
<input type="checkbox"/>	Keep students home if they or a member of the household has tested positive or are awaiting COVID-19 test results.
<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 and report the type of symptoms or exposure.

Adapted from the "Daily Home Symptom Screening for Students" provided by CDPH Industry Guidelines revised 09-21-2020.