Daily Home Screening for Students During COVID-19

Your student may go to school today if your answer is **NO** to these 4 questions:

<p>| | | |</p>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>They or someone in their home has COVID-19.</td>
<td>YES or NO?</td>
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| **2** | They or someone in their home has COVID-19 symptoms:  
  Fever over 100.4 degrees Fahrenheit  
  Chills  
  Cough  
  Shortness of breath or difficulty breathing | YES or NO? |
| **3** | They have been exposed to someone with COVID-19 in the past 14 days. Exposed means they have been close to the person (within 6 feet) for 15 minutes or longer. | YES or NO? |
| **4** | They have other illness symptoms that may exclude them from school, such as:  
  Skin Rash or open sores  
  Diarrhea  
  Vomiting  
  Headache with a stiff neck or fever (or with recent head injury)  
  Jaundice (new yellow color in eyes or skin)  
  Red eyes or eye discharge  
  Click on this document:  
  [When Should I Keep My Student Home From School?](#) to see more information about the other illness symptoms that may exclude your student from school. | YES or NO? |

**If you have answered YES to any of the questions**, your student may not come to school today. You will need to report that your student is absent.

Please call your school ATTENDANCE phone number or  
Click here to fill out a form about the reason for their absence (each school will have a separate form to click on).

**If you answered NO to all of the questions**, please remember that at school your student must:  
Wear a face covering (please provide extra face coverings).  
Wash their hands (or use hand sanitizer that is provided at school).  
Watch their distance, at least 6 feet from others.