

Daily At-Home Health Screening

All families are expected to conduct the following daily health screening prior to arriving at school.

Health Question	Yes	No
Does the student have a temperature over 100.4 degrees?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been directly exposed to anyone with a suspected or confirmed case of COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student exhibiting any of the following COVID-19 symptoms (without an alternative diagnosis)? Check all that apply	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Fatigue		
<input type="checkbox"/> Chills <input type="checkbox"/> Muscle aches and pains <input type="checkbox"/> Headache <input type="checkbox"/> Sore Throat		
<input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea		

If the answer to any of the above questions is YES, please do not attend school. Follow up with your Primary Care provider regarding COVID-19 symptoms.

If your child or a person within your household tests positive for COVID-19, please notify the health office immediately. If your child or a person within your household has been in direct contact with a person diagnosed with COVID-19, please notify the health office. Personal identity and health information will be protected but persons in direct contact with a positive student will need to be notified of possible exposure and provided appropriate instructions.

