

Parents: Please complete this short check each morning and report your child's information [INSERT YOUR SCHOOL REPORTING INSTRUCTIONS] in the morning before your child leaves for school.

If the answer is **YES** to any question, please **do not** bring your child to school and contact your medical professional.

Student Name _____ Grade _____

Health Screening Questions:

1. If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Does your child have any of these symptoms:

- Temperature 100.4 degrees Fahrenheit
- Sore Throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever
- Shortness of breath
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting

No. The student may go to school

Yes.. The student may **not** go to school.

2. To the best of your knowledge, in the past 14 days, has your child been in close contact (within 6 feet for at least 10 minutes) with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?

No. The student may go to school

Yes.. The student may **not** go to school.

3. Has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the [New York State Travel Advisory](#) in the past 14 days.

No. The student may go to school

Yes.. The student may **not** go to school.