## **COVID-19 Health Screening Checklist for Students & Staff**

Part 1	YES	NO
Has the staff member or student been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?		
Has the staff member or student been diagnosed with COVID-19 by a health care provider in the last 10 days?		
Has the staff member or student developed any of the following symptoms within the past 24 hours?		
➤ Cough		
➤ Shortness of breath/trouble breathing		
➤ New loss or sense of taste or smell		
Taken medication in the past 24 hours to lower temperature (Tylenol, ibuprofen)?		



STOP If YES to any questions in Part 1, the staff member/student should stay home.

If NO to all questions in Part 1, proceed to Part 2.

Part 2 Have the staff member or student developed any of the following symptoms within the last 24 hours?

	YES	NO		YES	NO
Sore throat			Headache		
Unusual fatigue			Muscle or body aches		
Nausea (sick to stomach) or Vomiting ▲			Fever (≥100.4°F) or chills (would indicate fever) ▲		
Runny Nose or nasal congestion			Diarrhea ▲		



If YES to 2 or MORE questions in Part 2, the **STOP** child should stay home.

If YES to 0 or 1 question(s) in Part 2, the child may go to school or remain at school.

Staff/student to remain at home or be sent home (isolation and testing for COVID-19 should occur)

Staff/student may go to school or remain at school (should wash hands frequently)

## \*IMPORTANT\*

▲ Vomiting, diarrhea, and fever-- alone or together -- should exclude a child from school. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.