

St. Theresa School COVID-19 Daily Student Screening

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Please check **YES** or **NO** if any of the following pertain to your child's health since the last day of school. One form for each child, please.

Does your child have:	YES	NO
Fever 100.4 degrees or greater?	<input type="checkbox"/>	<input type="checkbox"/>
Cough, sore throat, or difficulty breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Headache?	<input type="checkbox"/>	<input type="checkbox"/>
Chills or muscle or body aches?	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, vomiting, or diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained rashes or blister-like sores on the skin?	<input type="checkbox"/>	<input type="checkbox"/>
Sudden loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
A family member or close contact with any of the above symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been in close contact with anyone diagnosed with COVID-19 or anyone who has been placed in quarantine for possible exposure of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child or anyone in your family been asked to self-isolate <sup>1</sup> or quarantine by a medical professional or local public health official?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child/family recently traveled to or from an area with increased cases/spread of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

***<sup>1</sup>Self-isolation*** is defined by having been in a high risk situation, such as exposure to someone who has a confirmed COVID 19 diagnosis. ***Quarantine*** is defined by a person who has COVID 19 or has symptoms and is awaiting test results.

If you have answered **YES** to **any** of the above screening questions, please DO NOT send your child to school. Please contact a healthcare provider for further direction and guidance.

If you answered **NO** to all the questions, send your child to school with their face covering, this completed self screening sheet and reminders to socially distance and wash their hands.

Temperature on Arrival: \_\_\_\_\_ Time: \_\_\_\_\_  
Taken By: \_\_\_\_\_

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