



Daily Student Screening Checklist

Parents must complete a daily symptom screening check by answering these questions before sending their child to school.

Has your child had close contact (within 6 feet for at least 15 minutes) with a confirmed case of COVID-19?	____ Yes	____ No
Does your child have new or worsening shortness of breath?	____ Yes	____ No
Does your child have a new or worsening cough?	____ Yes	____ No
Does your child have a temperature of 100.4 or higher?	____ Yes	____ No
Does your child have chills?	____ Yes	____ No
Does your child have diarrhea?	____ Yes	____ No
Does your child have unexplained muscle pain?	____ Yes	____ No
Does your child have a headache (not related to known health conditions)?	____ Yes	____ No
Does your child have a sore throat?	____ Yes	____ No
Does your child have a new loss of taste or smell?	____ Yes	____ No
Is your child vomiting or experiencing nausea?	____ Yes	____ No

	<p>If you checked YES to ANY of the questions <u>do not send your child to school.</u> Please seek guidance from a medical provider. Contact your child's school to inform them of your child's symptoms. You may also contact the Pennsylvania Department of Health with questions at (1-877-724-3258)</p>
	<p>If you checked NO to ALL questions, you may send your child to school.</p>