



First Name: _____

Last Name: _____

School: _____

Daily Illness Screening Checklist

To assess for wellness, please use the screening checklist daily for each student. If any symptoms of illness are identified, the student is expected to stay home from school.

Health experts including the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and state and local health officials recommend policies/practices to help stop the spread of COVID-19 within schools. Health experts agree COVID-19 infection manifests similarly to other respiratory illness in children. Temperature checks and symptom screening are an important part of identifying illness.

Has the student been in contact with anyone who has tested positive for COVID-19 in the last 14 days?

☐ Yes
☐ No
☐ I do not know

In the past 72 hours has the student developed any of the following symptoms?

<input type="checkbox"/> Fever or chills	<input type="checkbox"/> Cough
<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> Fatigue
<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Headaches
<input type="checkbox"/> Congestion or runny nose	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Diarrhea

**Not all COVID-19 related symptoms are listed above. For further information visit the [Centers for Disease Control and Prevention Website](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing.html)*

Does the student currently have a fever of 100° Fahrenheit or higher?

☐ Yes Temperature _____ ° Fahrenheit
☐ No

If you have answered **yes** to any of the questions or areas listed above **please keep your student at home**, call the attendance secretary to report the symptoms and receive follow up guidelines, and contact your healthcare provider for further guidance.

Thank you for your support in maintaining the health and safety of our school community.