



**Appendix 1: Sample COVID-19 School Screening Tool**

**<School Letterhead in Header>**

**COVID-19 Daily Screening for Students**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Parents/Guardians:** Please complete this short check each morning and report your child’s information per your school’s reporting instructions.

**Section 1: Symptoms**

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

**Column A**

**Column B**

<input type="checkbox"/>	Fever (measured or subjective)	<input type="checkbox"/>	Cough
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Rigors (shivers)	<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	Myalgia (muscle aches)	<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	Headache	<input type="checkbox"/>	New loss of taste
<input type="checkbox"/>	Sore Throat		
<input type="checkbox"/>	Nausea or Vomiting		
<input type="checkbox"/>	Diarrhea		
<input type="checkbox"/>	Fatigue		
<input type="checkbox"/>	Congestion or runny nose		

Students who are sick (e.g. fever, vomiting, diarrhea) should **not** attend school in-person. If **TWO OR MORE of the fields in Column A are checked off** OR **AT LEAST ONE field in column B is checked off**, please keep your child home and notify the school for further instructions.

**Section 2: Close Contact/Potential Exposure**

Please verify if in the last 14days:

<input type="checkbox"/>	Your child has had close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19
<input type="checkbox"/>	Your child has <u>traveled from any U.S. state or territory</u> outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under the [link DOH travel restrictions]

If **ANY of the fields in Section 2 are checked off**, contact your school for exclusion recommendations. Contact your child’s healthcare provider or your local health department for further guidance.