Daily Screening Form for Parents/Guardians

**Daily Home Screening Conducted by Parent/Guardian or Caregiver**

Does your child have any of the following symptoms?

- Fever >100.4 F (measured orally)
- Cough (worsening cough in those with chronic cough)
- Shortness of breath or difficulty breathing
- Sore throat
- Headache (moderate or severe)
- Body or muscle aches
- GI symptoms (abdominal pain, diarrhea, vomiting, nausea)
- New loss of taste or smell
- Nasal congestion, runny nose

**STEP 1 - Did your child test positive for COVID-19 (PCR or Antigen test) OR is your child awaiting results of a COVID-19 test?**

- Yes
  - No
  - Go to School
  - Stay home. Do not go to school. Follow the directions provided by your healthcare provider or the health department.

- No
  - No
  - Go to School

**Stay at Home If Awaiting COVID-19 Testing Results.**

If your child has COVID-19 based on PCR or Antigen testing, do not go to school until all three of the following are met:

1. At least 10 days since symptom onset or, if asymptomatic, 10 days from test collection date, AND
2. At least 24 hours fever free, without fever reducing medication, AND
3. Symptoms improving

**Have you been told your child has been exposed to a person with COVID-19?**

- Yes
  - No
  - Go to School

- No
  - Stay home. Do not go to school. Follow the directions provided by your healthcare provider or the health department.

**IMPORTANT:** Rapid Antibody testing IS NOT ACCEPTED for diagnosis of COVID-19.