

COVID-19 Student Assessment Checklist

Purpose: Based on various state health orders, all students, on a daily basis, are to be screened for signs of respiratory illness accompanied by fever PRIOR to coming to school.

Instructions: Complete this assessment for each student in your household prior to them coming to school each day.

1. Contact your doctor if anyone in your household has the following severe symptoms:

- Trouble breathing
- Persistent pain or pressure in chest
- New confusion or inability to stay awake
- Blue lips or face

This is not a complete list. If you think you are experiencing a medical emergency, call your Provider immediately or call 911.

2. In the last 24 hours has the student been in contact with anyone with a known case of COVID-19 virus?

- YES
- NO

If YES, please do not report to school. Contact the school to inform them of your absence. Stay home and monitor your symptoms and contact your medical provider to consult on next steps. * If NO, proceed to question #2.

3. Has the student had any of the following symptoms?

- Any symptoms experienced have been cleared by our primary care provider
- Cough
- Fever (Temperature above 100.0°F)
- Chills
- Sore Throat
- Feeling achy
- Shortness of breath/difficulty breathing
- Nausea or vomiting
- Unusual or new headache in last 24 hours
- Diarrhea
- Loss of taste or smell
- Tingling or numbness
- None of the above

If **YES to ANY**, students should not report to the school building. Contact the school to inform them of your absence. Stay home from school, monitor symptoms, and contact your medical provider to consult on next steps.

If **NO to all**, proceed to school. Your temperature will be taken when you arrive. Upon entry to the building, wash your hands or use alcohol-based hand sanitizer.