DAILY SYMPTOM SCREENING CHECKLIST FOR FAMILIES

Individuals or families participating in *Screen and Stay* should keep this checklist handy to guide your at-home daily symptom check. If the individual participating in *Screen and Stay* experiences **any of these symptoms or answers 'YES' to the questions** at any time during their monitoring period, they should not report for in-person learning or other in-person school activity, and the staff person, or the student's parent or guardian, should contact the school for further instructions.

What date has the school told you to perform daily screening until?			
symptoms in the past 24-hours?	V/50		1
SYMPTOM	YES	NO	
Elevated temperature (≥ 100.4°F)			Has the person been in close contact with any <u>other</u> individual outside of the school known to have COVID-19 in the past 24-hours?
Chills			
Frequent coughing			YES □ NO □
Trouble breathing			
Unusually tired			
Muscle or body aches			Has the person been instructed by local health officials to quarantine or
Headache			isolate within the past 24-hours?
Trouble tasting or smelling			YES □ NO □
Sore throat			
Stuffy or runny nose			If the answers to any of these
Nausea or vomiting			symptoms or questions is "YES", stay
Diarrhea			at home and notify the school.