Student Daily COVID Screening Worksheet

Name_____

Students should remain home if they are sick. Please check your student's temperature every morning prior to sending them to school. Students with **ANY** High Risk symptoms or **2 or more** Low Risk symptoms are asked to seek an evaluation by a medical care provider.

High Risk Symptoms: New cough, shortness of breath or difficulty breathing, new loss of taste or smell.
Low Risk Symptoms: Fever**, headache, muscle and body aches, fatigue, sore throat, runny nose.
**If a student has a fever greater than 100.0 keep them home even if no other symptoms are present.
**Exposure or close contact to someone testing positive for COVID-19 requires quarantine of 14 days regardless of symptoms.

Date	*Any symptoms from the list above?*	*An exposure to someone with confirmed COVID-19-and date of exposure.*	*Temp*	*Symptoms Noted*
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		
	Y N	*Y N*		