

SAFETY

BEFORE SCHOOL

Parents are asked to review this daily health screener with their child before sending their child to school.

(Parents do not need to send the questionnaire to school)

Has your child had close contact with a confirmed case of COVID-19 in the past 14 days?
Yes___ No___

Does your child have a new or worsening shortness of breath?
Yes___ No___

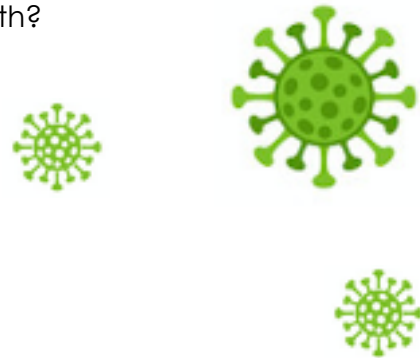
Does your child have new or worsening cough?
Yes___ No___

Does your child have a fever of 100.4 or greater?
Yes___ No___

Does your child have chills?
Yes___ No___

Does your child have a severe sore throat?
Yes___ No___

Does your child have a new loss of taste or smell?
Yes___ No___



If **YES** to any of the questions **STOP!**

Do not send your child to school.
Contact your healthcare provider.
Contact your child's school to inform them of your child's absence.



If you are able to answer **NO** to all questions, go to school.

