

Health Screening Checklist

This screening should be done by a parent at the beginning of the day before students are sent to school. If the answer is yes to any of the questions, please keep them at home and inform us.

1. Do you have a fever (38C), do you feel warm, or feel chills?

- Yes
 No

2. Do you have any of the following respiratory symptoms?

- New continuous cough (regularly for over an hour or multiple episodes over 24 hours)
 Sore throat
 Runny nose

3. Loss of sense of taste or smell in the last 24 hours.

- Yes
 No

4. Have you, or someone in your household, had close contact with a suspected or known COVID-19 patient (spent longer than 15 minutes within 1.5m of someone who was sick with a fever and cough)?

- Yes—Stay home immediately and self-isolate for 10 days if asymptomatic
 No

If the student says no to all 4 questions, they should come to school.

If they answer yes to questions #1 or #2, please keep them home and inform us. If they answered yes to #3 or have a persistent fever (more than 24 hours) and respiratory difficulties combined with any of the following: general weakness/fatigue; headache; sore throat; nausea/vomiting; diarrhea or confusion, please see a doctor and isolate at home until they are asymptomatic for 4 straight days without the use of any medications or longer as directed by a doctor.

If they develop a fever OR any of the respiratory symptoms at school, they will be assessed at school and then sent home to self-isolate until they are asymptomatic for 4 straight days without the use of any medications.