

## Screen and Stay 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 the daily screening until? \_\_\_\_\_**

Symptom			Has the person been in close contact with any other individual outside of the school to have COVID-19 in the past 24 hours?
	Yes	No	
Elevated temperature (greater than or equal to 100.4 F)	Yes	No	<b>Yes      No</b> <i>(circle your answer above)</i>
Chills	Yes	No	
Frequent coughing	Yes	No	
Trouble breathing	Yes	No	
Unusually tired	Yes	No	Has the person been instructed by local health officials to quarantine or isolate withing the past 24-hours?  <b>Yes      No</b> <i>(circle your answer above)</i>
Muscle or body aches	Yes	No	
Headache	Yes	No	
Trouble tasting or smelling	Yes	No	
Sore throat	Yes	No	
Stuffy or runny nose	Yes	No	
Nausea or vomiting	Yes	No	<b><i>If the answers to any of these symptoms or questions is "YES", stay at home and notify the school.</i></b>
Diarrhea	Yes	No	