

# COVID-19

## Daily At Home Screening for Students



**Parents/Guardians:** Please review this short list each morning before your child leaves for school. This is for home use. You **DO NOT** need to turn into your school.

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

In the past 24 hours, have you experienced:		
Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough (excluding chronic cough due to a known medical reason other than COVID-19)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If you answer "yes" to any of the symptoms listed above, or if your temperature is 100.4°F or higher, please do not go into school. Seek COVID-19 testing and isolate at home until test results are available.</i></b>		

In the past 24 hours, have you experienced:		
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue (not otherwise explained by another known cause)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea (excluding diarrhea due to a known medical reason other than COVID-19)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If you answer "yes" to any TWO of the symptoms listed above, please do not go into school. Seek COVID-19 testing and isolate at home until test results are available.</i></b>		

In the past 14 days, have you:		
Been in close contact with anyone diagnosed with COVID-19 (closer than 6 feet for more than 15 minutes, with or without masks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If you answer "yes," please do not go into school. You must quarantine at home for 14 days after close contact with a person who has tested positive for COVID-19.</i></b>		

For questions, visit [washtenaw.org/COVID19](https://washtenaw.org/COVID19) or contact with Washtenaw County Health Department at [L-wchdcontact@washtenaw.org](mailto:L-wchdcontact@washtenaw.org) or 734-544-6700.