



COVID-19 Screening Tool (Kids)

Student Name: _____ Date: _____

Grown-Up Name *(For Toddler Classes Only): _____

1. **EXPOSURE:** Have you been exposed to anyone with a confirmed case of COVID-19 in the past 14 days?

- YES
- NO *(Grown-Up: NO)

If YES ⇒ DO NOT ATTEND

2. **TEMPERATURE:** _____ °F *(Grown-Up Temperature: _____ °F)

- Temperature taken on-site
- Temperature taken at home

IF 100°F or higher ⇒ DO NOT ATTEND

3. **SINGLE SYMPTOMS:** Do you have any of the following?

- Cough
- Shortness of breath
- New loss Taste/Smell
- NONE** *(Grown-Up: **NONE**)

If YES to any ONE symptom ⇒ DO NOT ATTEND

4. **TWO+ SYMPTOMS:** Do you have any of the following?

- Chills
- Sore throat
- Nausea/Vomiting
- Diarrhea
- Muscle pain
- Headache
- Congestion/Runny Nose
- Fatigue
- NONE** *(Grown-Up: **NONE**)

If YES to 2+ symptoms ⇒ DO NOT ATTEND

As the parent/guardian of the above listed child, I attest to the accuracy of the information provided on this page. I further understand that my actions related to Covid safety affect our communities including other children, families, and our teachers and staff.

Signature: _____