

DAILY HOME SCREENING FOR STUDENTS

PARENTS

Please review this short check each morning.
If you answer yes to any items on this list,
Please keep your student home from school.
NO NEED TO RETURN THIS CHECK LIST TO SCHOOL.

Questions: St. Anne Catholic School Nurse (281) 351-0093 x 107
or email **clinic@sacst.org**

Check for the following:

If you answer yes to any of the following, 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 each morning.

	Has anyone in your household tested positive for COVID-19 in the last 14 days?
	Has your child tested positive for COVID-19 in the last 10 days?
	Does your child have a temperature of 100.0 degrees Fahrenheit or more?
	Does your child have a sore throat?
	Does your child have a new uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)?
	Does your child have diarrhea, vomiting, or abdominal pain?
	Does your child have a new onset of severe headache, especially with a fever?
	Does your child have a new loss of taste or smell?