

**UPDATED November 2020 Daily Health Self-Screening Requirements  
and at Home Daily Checklist for Employees, Parents, Children and Essential Visitors.**

All School Employees, Parents, Children and Essential Visitors will need to complete a daily health self-check by answering the questions listed below and by taking their own temperatures each day prior to entering the school or being on the school property. A parent or guardian is responsible for completing the daily screening on behalf of their child(ren). **Self-Screening:**

Below are the updated self-screening questions that employees, parents, children and essential visitors are required to answer daily. If the answers are “No” to all of the following questions, individuals may enter the school, if you answer yes please contact the school principal. (If employees, parents, children and/or essential visitors cannot take their temperature at home, but answer “No” to all other questions, they may report to the school to have their temperature taken on-site).

- (a) Have you been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?**
- (b) Are you waiting for the results of or have you tested positive through a diagnostic test for COVID-19 in the past 14 days?**
- (c) Are you currently experiencing any symptoms of COVID-19, including a temperature of greater than 100.0°F in the past 14 days.**
- (d) Is your body temperature at or above 100.0 degrees Fahrenheit or have you or your child (ren) taken any temperature reducing drug. (ie. Tylenol, Advil, Motrin, Aspirin) within the last 24 hours?**
- (e) Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days? (<https://coronavirus.health.ny.gov/covid-19-travel-advisory> for Official State List, Check Daily)**

**If you answer YES to any of these questions on any given day, you or your child may not enter the school building. Contact a medical professional for guidance and notify the school principal.**

Depending upon the answers to the screening questions, you or your child may need to receive medical clearance and a negative COVID test to return to work or school. If you or your child is sick with a common cold or other ailment not related to COVID-19, stay home until symptoms subside and you or your child (ren) fever free without the aid of a temperature reducing drug. [https://coronavirus.health.ny.gov/system/files/documents/2020/10/prek-gr12\\_toolkit.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/10/prek-gr12_toolkit.pdf)

By signing below and submitting this form, you acknowledge that you received the attached updated daily checklist that you will complete it each school day for yourself or your child (ren) for the 2020-2021 School Year.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student Name** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Restricted States  
10/27/2020**

Based upon Governor Cuomo's Executive Order 205, issued June 25, 2020, the following states & territories meet the criteria for required quarantine: This is based upon a seven-day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

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|--------------|---|-------------|---|----------------|---|---------------|
| Alaska       | • | Idaho       | • | Montana        | • | South Dakota  |
| • Alabama    | • | Illinois    | • | North Carolina | • | Tennessee     |
| • Arkansas   | • | Indiana     | • | North Dakota   | • | Texas         |
| • Arizona    | • | Kansas      | • | Nebraska       | • | Utah          |
| • California | • | Kentucky    | • | New Mexico     | • | Virginia      |
| • Colorado   | • | Louisiana   | • | Nevada         | • | Wisconsin     |
| • Delaware   | • | Maryland    | • | Ohio           | • | West Virginia |
| • Florida    | • | Michigan    | • | Oklahoma       | • | Wyoming       |
| • Georgia    | • | Minnesota   | • | Puerto Rico    |   |               |
| • Guam       | • | Missouri    | • | Rhode Island   |   |               |
| • Iowa       | • | Mississippi | • | South Carolina |   |               |



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**PLEASE KEEP THIS PAGE AT HOME ON YOUR COUNTER OR BY THE DOOR- DO NOT RETURN  
FOLLOW THESE GUIDELINES EACH DAY TO DETERMINE IF YOUR CHILD IS ABLE TO ATTEND SCHOOL**

**Parents should take their child’s temperature every day before their child leaves for school. If your child has a fever of 100.0 or over, your child should be kept home from school. A fever is a key symptom of COVID-19. You should ask your child if he/she has any other symptoms of COVID-19 (see below). If your child complains of these symptoms or has a fever, or you answer yes to a question in section two, please, keep them home, call your child’s doctor and contact the school to report your child’s absence. If your child is sick with a common cold or other ailment your child should stay home until symptoms subside and they are fever free. We strongly encourage every student to receive the FLU vaccine this year! In NYC Children 5 and under are mandated by NYC DOH to receive the Flu Shot.**

### **SECTION 1: Symptoms**

Before you or your child leaves for school each day – Consider all that apply:

\_\_\_\_\_ fever or chills – Is fever 100.0°F or higher?

\_\_\_\_\_ sore throat, congestion, or runny nose?

\_\_\_\_\_ new or worsening cough that cause’s difficulty breathing?(If your child has chronic allergies, or an asthmatic cough, is there a change in their cough from baseline?)

\_\_\_\_\_ diarrhea, nausea, or vomiting?

\_\_\_\_\_ onset of severe headache, especially with a fever?

\_\_\_\_\_ fatigue, muscle or body aches; loss of taste or smell?

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19. This list does not include all possible symptoms. CDC will continue to update this list as they learn more about COVID-19. <https://www.cdc.gov>.

### **SECTION 2: Close Contact/Positive Test/Potential Exposure& Travel**

\_\_\_\_\_ had close contact (within 6 feet of an infected person for at least 10 minutes) with a person confirmed positive in the past 14 days or Are you waiting for the results of or tested positive for COVID-19 yourself?

\_\_\_\_\_ have traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

(<https://coronavirus.health.ny.gov/covid-19-travel-advisory>) for Official State List.

NYS DOH School Screening ToolKit

[https://coronavirus.health.ny.gov/system/files/documents/2020/10/prek-gr12\\_toolkit.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/10/prek-gr12_toolkit.pdf)