

# Daily COVID-19 Health Screening Checklist for Children

The person conducting the screening should maintain 6 feet of distance from the child while asking questions. Questions should be posed to parents of small children; children old enough to understand and answer for themselves may be asked directly. This tool is intended to help programs screen for COVID-19; it should not replace other communicable disease screening tools or protocols for schools.

## Part I

|                                                                                                                                    | YES                      | NO                       |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Has your child been in close contact* with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child developed any of the following symptoms within the past 24 hours?                                                   |                          |                          |
| ➤ Cough                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Shortness of breath/trouble breathing                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ New loss of sense of taste or smell                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |



**If YES to any question in Part I, child should be sent home.**

**If NO to all questions in Part I, proceed to Part 2.**

## Part 2

Has your child developed any of the following symptoms within the last 24 hours?

|                                                            | YES                      | NO                       |                                                                                                                                  | YES                      | NO                       |
|------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Sore throat                                                | <input type="checkbox"/> | <input type="checkbox"/> | Fever ( $\geq 100.4^{\circ}\text{F}$ ) or chills ( <i>would indicate fever</i> ) or used fever reducing medications <sup>▲</sup> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unusual fatigue                                            | <input type="checkbox"/> | <input type="checkbox"/> | Muscle or body aches                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Nausea ( <i>sick to stomach</i> ) or vomiting <sup>▲</sup> | <input type="checkbox"/> | <input type="checkbox"/> | Runny nose or nasal congestion                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Diarrhea <sup>▲</sup>                                      | <input type="checkbox"/> | <input type="checkbox"/> | Headache                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |



**If YES to 2 or MORE questions in Part 2, child should be sent home.**

**If YES to 0 or 1 question(s) in Part 2, child may remain at facility.**

**Child WILL NOT BE ALLOWED to enter facility**

- Record child's name, symptoms, and the date symptoms started in your illness log/line list.
- Child should be **immediately sent home** to isolate and should be tested for COVID-19.

Child may remain at facility, if healthy enough and fever, diarrhea, and vomiting are not present

Child should wash (or sanitize) hands before having contact with other children or staff.

\* A person is considered to be in close contact with a COVID-19 positive person if any of following are true: (1) they were within 6 feet of a positive person for more than 15 minutes total in a day, (2) had physical contact with the person, (3) had direct contact with the respiratory secretions of the person (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, towels or other personal items), (4) lives with the person or stayed overnight for at least one night in a household with the person.

▲ Fever, vomiting, and diarrhea—alone or together—should exclude a child from school. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.