



DAILY HEALTH SCREENING FOR COVID-19 FOR STUDENTS

Please complete this short checklist each morning before your child leaves for school.

- Has your child been diagnosed with COVID-19?
- Is your child experiencing any ONE (1) of the following symptoms in this list, Group A?
 - Lack of smell or taste without congestion
 - New uncontrolled cough that causes difficulty breathing (if you have asthma, then this would be a cough that is a change from your baseline cough)
 - Shortness of breath or difficulty breathing (other than related chronic health conditions)
- Is your child experiencing least two (2) of the following symptoms in this list, Group B?
 - Fever above 100.4 degrees over the last 3 days
 - Chills, muscle pain (other than from physical activity), and/or fatigue*
 - New onset of severe headache, especially with a fever
 - Sore Throat
 - Coughing (other than seasonal allergies) or runny nose
 - Pain or pressure in your chest
 - Diarrhea, Nausea, Vomiting, and/or abdominal pain*
*if more than one, counts as multiple symptoms
- In the past 10 days, has your child had close contact (within 6 feet of any person for at least 15 minutes) with a person who has either:
 - Been diagnosed with COVID-19
 - Shown any of the symptoms above?
- In the past 10 days, has your child travelled internationally or to another state?
Please see the most updates from the PA Department of Health using the following link:
<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>
- In the past 10 days, has your child been in any gathering that exceeds current social restrictions?
Please see the most updated list of social restrictions from the PA Department of Health using the following link: www.pa.gov/guides/responding-to-covid-19
**Other than attendance at weekly Mass with safety precautions in place*
- Has your child been told by any health care provider or Department of Health to quarantine or isolate due to actual or suspected exposure to COVID-19?
- Has your child had a recent COVID-19 test and are awaiting results?

**STUDENTS MUST STAY HOME IF:
THEY HAVE BEEN DIAGNOSED WITH COVID-19,
ARE AWAITING COVID-19 TEST RESULTS. ,
ARE TAKING FEVER-REDUCING MEDICATION,
HAVE ONE OF THE SYMPTOMS FROM GROUP A,
HAVE TWO OR MORE SYMPTOMS FROM GROUP B,
OR ANSWER YES TO ANY OF THE PREVIOUS QUESTIONS.**

THANK YOU FOR YOUR COOPERATION WITH THIS DAILY SCREENING.