

# DAILY HEALTH SCREENING TOOL

The following questions are taken directly from the Department of Education's Example School Symptom Screening Tool, which can be found at: <https://www.education.pa.gov/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening>

Parents/students may print and complete this screening tool on the morning each school day.

*Beginning August 31, 2020, this daily screening tool will be available in digital form through our Parent/Student Portal.*

Student or Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building: \_\_\_\_\_

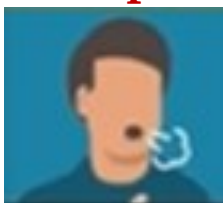
Grade/Class: \_\_\_\_\_

Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)? (Circle one.) Yes No

Have you been in direct contact with anyone diagnosed with COVID-19 in the last two weeks? Yes No

Are you/is the student experiencing any of the following? (Check all that apply.)

## Group A Symptoms



- Cough
- Shortness of Breath
- Difficulty Breathing



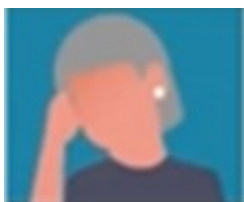
- New loss of smell (olfactory disorder)
- New taste disorder

## Group B Symptoms

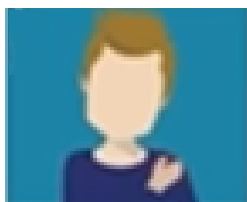


- Fever (Measured or Subjective)
- Chills

<p><b>Temperature Scan:</b> (will be completed at school)</p> <p>_____ degrees</p>
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- Headache



- Muscle Ache (Myalgia)



- Sore Throat



- Fatigue



- Nausea
- Vomiting
- Diarrhea



- Congestion
- Runny Nose

Stay home if the student or staff member:

Have one or more Group A symptoms OR have two or more Group B symptoms OR are taking fever reducing medication.