

The Hagedorn Little Village School
Daily Home Screening: Students (effective 10/1/2020)

Student Name: _____ **Date:** _____
Classroom: _____

Parents/Guardians: Please complete this short checklist each morning to report your child’s screening information. Please insert the completed page in the plastic tag. Plastic tags should be attached on your child’s backpack. The classroom teacher will keep the copy for the school records.

Section 1: Symptoms

Please check if each box “yes or no”

YES	NO	Symptoms
		Temperature 100.4 degrees Fahrenheit or higher.
		New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/ asthmatic cough, a change in their cough from baseline)
		Diarrhea, vomiting, or abdominal pain
		New onset of severe headache, especially with a fever
		Loss of taste or smell
		Sore throat (new or worsening)

Section 2: Close Contact/Potential Exposure

Please check if each box “yes or no”

YES	NO	Close Contact/Potential Exposure
		Has your child had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19?
		Has your child tested positive for COVID-19 through a diagnostic test in the past 14 days?
		Has your child traveled to an area where the state health department is reporting large numbers of COVID-19 cases as indicated on the DOH website? https://coronavirus.health.ny.gov/covid-19-travel-advisory

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