Barnet School Daily COVID-19 Screening Form - 2020-2021

Student Name:_____ Week of: _____

For each day of the week, please answer **YES** or **NO** to the following questions:

1. **Is your child experiencing symptoms of COVID-19?**
   COVID-19 Symptoms: Cough • Shortness of breath • Chills • Fatigue • Muscle pain or body aches • Headache Sore throat • Loss of taste or smell • Congestion or runny nose • Nausea, vomiting or diarrhea (frequent loose or watery stools compared to child's normal pattern)
2. **Has your child received medication to decrease a fever or relieve symptoms since midnight?**
3. **Has your child had close contact with a person who has COVID-19 within the last 14 days?**
   Close Contact: within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset (symptoms) until the time the patient is isolated.
4. **Has your child traveled to areas outside of VT in the red or yellow zones (greater than 400 active covid cases per million) in the past 14 days?**

If your child has a temperature of 100 degrees (or higher) and/or you answer yes to any of the screening questions, we ask that you keep your child home and contact Ruth, school nurse.

Monday: *Please check one of the boxes below:*

- ❑ The answer is NO to all four of the above questions
- ❑ The answer is YES to Question #___. Symptoms (if present):_____
  Temperature: _____ Signature: _____

Tuesday: *Please check one of the boxes below:*

- ❑ The answer is NO to all four of the above questions
- ❑ The answer is YES to Question #___. Symptoms (if present):_____
  Temperature: _____ Signature: _____

Wednesday: *Please check one of the boxes below:*

- ❑ The answer is NO to all four of the above questions
- ❑ The answer is YES to Question #___. Symptoms (if present):_____
  Temperature: _____ Signature: _____

Thursday: *Please check one of the boxes below:*

- ❑ The answer is NO to all four of the above questions
- ❑ The answer is YES to Question #___. Symptoms (if present):_____
  Temperature: _____ Signature: _____

Friday: *Please check one of the boxes below:*

- ❑ The answer is NO to all four of the above questions
- ❑ The answer is YES to Question #___. Symptoms (if present):_____
  Temperature: _____ Signature: _____