



# OACSD Daily Home Health Screening for Students

**Parents: Please complete this short check each morning before your child leaves for school. If you answer yes to any, please keep your child home and self-monitor.**

## SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness which may decrease your student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, <u>a change in their cough from baseline</u> )
<input type="checkbox"/>	Diarrhea, vomiting, or abdominal pain
<input type="checkbox"/>	New onset of severe headache, especially with a fever

## SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases
<input type="checkbox"/>	Live in areas of high community transmission while the school remains open



\*This document was created by the CDC and modified for Onaway Area Community Schools.

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)