



Waterford Township  
School District

## PARENT DAILY SCREENING TOOL FOR COVID-19 SYMPTOMS

**Parents/Guardians:** Please use this tool to screen your child/children for the following symptoms daily, **BEFORE** sending them to school. **ONLY** If your child is exhibiting symptoms as described below, and you are keeping your child home for that reason, call your child's school main office with that information, and consult your child's healthcare provider. If your child is symptom free, you do not need to submit anything.

### Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

#### Column A

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

#### Column B

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

If **TWO OR MORE** of the fields in **Column A** are checked off **OR AT LEAST ONE** field in **Column B** is checked off, please keep your child home, and call the school's main office for further instructions.

### Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

<input type="checkbox"/>	Your child has had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with a confirmed COVID-19 positive person.
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19, is being tested for COVID-19, or has COVID-19 compatible symptoms.
<input type="checkbox"/>	Your child has traveled from any U.S. state or territory outside of New York, Connecticut, Pennsylvania, and Delaware, and is not otherwise exempt from quarantine under the current CDC guidelines.

If any of the fields in Section 2 are checked off, contact your main office for exclusion recommendations.  
**Contact your child's healthcare provider or your local health department for further guidance.**