




# COVID-19 HEALTH SCREENING CHECKLIST

The purpose of this checklist is to help staff, parents, and guardians decide when children and staff should be excluded from school, childcare, or other activities.

<b>Step 1: Testing</b>	Yes	No
Has the individual tested positive for or been diagnosed with COVID-19 by a health care provider in the last 10 days*?	<input type="checkbox"/>	<input type="checkbox"/>
 <b>If YES, the individual should isolate at home.</b>		

<b>Step 2: First Symptom Check</b>	Yes	No
In the past 24 hours, has the individual had any of these symptoms (new or different from what they usually have <sup>†</sup> )?	<input type="checkbox"/>	<input type="checkbox"/>
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Loss of sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath/trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
• New confusion	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Persistent pain or pressure in the chest</b>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Pale, gray, or blue-colored skin, lips, or nail beds</b>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Inability to wake or stay awake</b>	<input type="checkbox"/>	<input type="checkbox"/>
 <b>If YES to any of the above, the individual should isolate at home and be tested for COVID-19; if yes to any of the symptoms bolded in red, call 911.</b>		

<b>Step 3: Second Symptom Check</b>	Yes	No
In the past 24 hours, has the individual had any of these symptoms (new or different from what they usually have <sup>†</sup> )?	<input type="checkbox"/>	<input type="checkbox"/>
• Fever >100.4 °F and/or chills <sup>♦</sup>	<input type="checkbox"/>	<input type="checkbox"/>
• Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
• Runny nose and/or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>
• Nausea and/or vomiting <sup>♦</sup>	<input type="checkbox"/>	<input type="checkbox"/>
• Fatigue (feeling overly tired)	<input type="checkbox"/>	<input type="checkbox"/>
• Muscle aches	<input type="checkbox"/>	<input type="checkbox"/>
• Headache	<input type="checkbox"/>	<input type="checkbox"/>
• Diarrhea <sup>♦</sup>	<input type="checkbox"/>	<input type="checkbox"/>
 <b>If YES to two or more of the above, the individual should isolate at home and be tested for COVID-19.</b>		

\* Individual may be able to return after 5 days if able to consistently wear a high quality, well-fitting mask.

<sup>†</sup> When considering symptoms, determine if they are “new and different” from how the individual usually is, taking into account any symptoms they normally have every day (e.g., runny nose or congestion due to allergies).

<sup>♦</sup> Fever, vomiting, and diarrhea - alone or together - should exclude a person from school, childcare, or work.