

HEALTH SCREENING QUESTIONS

Does your child have any of these symptoms?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Does your child have a fever of 100.4 degrees or higher?

Has your child traveled outside of the country in the past 14 days?

Has your child or anyone in your household been in close physical contact with anyone diagnosed with COVID-19 in the past 14 days, or are they currently awaiting a COVID-19 test result not related to routine surveillance testing?

"Close contact" is defined as someone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period.