

HCS Elementary Screening Form			
<p><i>If YES to ANY, child should stay home. They can return to school after their symptoms subside and at least 24 hours of no fever without medications.</i></p> <p><i>If child has "COVID-like symptoms," as defined above, notify HCS and your child's physician. Your child will need written clearance from their health care provider, or a negative COVID test result, before return to HCS.</i></p>	Since last here, has your child had any of these symptoms?	Yes	No
	new cough		
	shortness of breath		
	fever of 100.4 or higher		
	chills		
	shivering		
	muscle pain		
	sore throat		
	headache		
	loss of taste or smell		
gastrointestinal symptoms (nausea, vomiting, diarrhea)			

Since last here, is your child waiting for a COVID-19 test result , been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine? <i>If YES, keep child at home until a negative test result has been received or until advised to be released from quarantine by a health care provider.</i>	Yes	No
Since last here, has your child had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19, or suspected of having COVID-19 (i.e. tested due to symptoms)? <i>If YES, keep child at home until they have completed quarantine for 14 days from the date of last exposure to the person with diagnosed or suspected COVID-19 unless instructed by a health care provider/health department to quarantine for a different length of time.</i>		
<p>What is your child's temperature this morning?</p> <p><small>Temperatures from multiple children can be separated by commas, oldest to youngest.</small></p>		

Child's Name(s) _____ Parent Signature _____ Date _____

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