

# Daily Home Screening for Students

*Parents: Please complete this short checklist each morning for your child(ren). If the answer to ANY of these questions is "Yes," please keep the child home and notify the school nurse.*

Email: [nurse@lvacademy.org](mailto:nurse@lvacademy.org) 610-866-9660

ES K-3 ext: 2347 ES 4-6 ext: 3146 HS 7-12: ext: 4127

## SECTION 1: Symptoms

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

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

## SECTION 2: Close Contact/Potential Exposure

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

Community Mitigation Framework information:

<https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html>



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