



# Daily Home Screening for Students

## WOODBRIIDGE HIGH SCHOOL

Parents: Please complete this short check each morning before your child leaves for school.

### SECTION 1: SYMPTOMS

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Temperature 100.4 degrees Fahrenheit or higher when taken by mouth  |
| <input type="checkbox"/> | Sore throat   |
| <input type="checkbox"/> | New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline) |
| <input type="checkbox"/> | Nausea / Vomiting / Diarrhea  |
| <input type="checkbox"/> | New onset of headache, especially with a fever  |
| <input type="checkbox"/> | Congestion / Runny nose (not related to allergies)  |
| <input type="checkbox"/> | Fatigue / Muscle or body aches  |
| <input type="checkbox"/> | Loss of taste or smell  |

### SECTION 2: EXPOSURE

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Had close contact* (less than 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19                     |
| <input type="checkbox"/> | Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases |

If a student is exhibiting any of the symptoms in Section 1 OR has been exposed per Section 2, do NOT send them to school.

Please call your school's Attendance line and let them know your child will be absent.

Adapted from the "Daily Home Symptom Screening for Students" provided by CDPH Industry Guidelines revised 09-21-2020.