



## **Daily Student Screening Checklist**

Each day, your child needs to bring this completed form as his/her entry into the school building.

Name:

Grade:

Date:

1. Does your child have any of the following symptoms? (If the answer to any of these symptoms is yes, you must stay home and contact the school office.)

- ☐ Cough
- ☐ Shortness of breath/difficulty breathing
- ☐ Loss of taste/smell
- ☐ Sore throat
- ☐ Diarrhea
- ☐ Headache
- ☐ Extreme fatigue

2. I have taken my child's temperature and it is under 100.4°F. (If the answer to this question is no, you must stay home and contact the school office.)

- ☐ Yes
- ☐ No

3. Has your child had close contact (been within 6 feet for over 15 minutes) with a confirmed/probable COVID-19 case in the past 14 days? (If the answer to this question is yes, you must stay home and contact the school office.)

- ☐ Yes
- ☐ No

**For more information, visit [oakgov.com/covid](https://oakgov.com/covid). Questions? Contact Nurse On Call at 1.800.848.5533**  
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