



Student Symptom Checker

Parents: Please complete this short checklist each morning before sending your child to school.

<input type="checkbox"/>	Does your child have a COVID-19 test pending?
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SECTION 1: Symptoms

Check your child for these symptoms. If the answer to any of these is "Yes", 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.

<input type="checkbox"/>	Temperature 100 degrees Fahrenheit or higher
<input type="checkbox"/>	New onset sore throat that cannot be attributed to another health condition
<input type="checkbox"/>	New loss of taste or smell
<input type="checkbox"/>	New uncontrolled cough and/or difficulty breathing (for students with chronic allergic / asthmatic cough, a change in their cough from baseline)
<input type="checkbox"/>	New onset of moderate or severe headache
<input type="checkbox"/>	New onset diarrhea, vomiting or abdominal pain

SECTION 2: Close Contact / Potential Exposure

<input type="checkbox"/>	Has your child had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19?
<input type="checkbox"/>	Has your child recently traveled outside of Virginia, and do they currently have any one symptom in Section 1 above?
<input type="checkbox"/>	Has anyone in your household recently (within the last 5 days) tested positive for COVID-19?

If the answers for your student are YES to any question in section 1 but NO to any question in Section 2, the student must stay home as per existing school health policy (e.g. until symptom-free for 24 hours without fever reducing medications).

If the answers for your student are YES to any question in Section 1 and YES to any question in Section 2, the student must stay home and should be evaluated by a health care provider. Your doctor will advise you about quarantine or isolation if it is deemed necessary.