

**BOLTON PUBLIC SCHOOLS**

**DAILY SYMPTOM SCREENING CHECKLIST FOR FAMILIES AND STAFF**

Individuals or families participating in *Screen and Stay* should keep this checklist handy to guide your at-home daily symptom check. If the individual participating in ***Screen and Stay*** experiences **any of these symptoms or answers 'YES' to the questions** at any time during their monitoring period, they should not report for in-person learning or other in-person school activity, and the staff person, or the student's parent or guardian, should contact the school nurse for further instructions.

**What date has the school told you to perform daily screening until?** \_\_\_\_\_

**Has the person experienced any of the following symptoms in the past 24-hours?**

<b>SYMPTOM</b>	<b>YES</b>	<b>NO</b>
Elevated temperature ( $\geq 100.4^{\circ}\text{F}$ )	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Frequent coughing	<input type="checkbox"/>	<input type="checkbox"/>
Trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
Unusually tired	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Trouble tasting or smelling	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Stuffy or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Has the person been in close contact with any <u>other</u> individual outside of the school known to have COVID-19 in the past 24-hours?</b></p> <p align="center"><b>YES</b> <input type="checkbox"/>      <b>NO</b> <input type="checkbox"/></p>
<p><b>Has the person been instructed by local health officials to quarantine or isolate within the past 24-hours?</b></p> <p align="center"><b>YES</b> <input type="checkbox"/>      <b>NO</b> <input type="checkbox"/></p>
<p align="center"><b><i>If the answer to any of these questions or symptoms is "YES", stay at home and notify the school nurse immediately.</i></b></p>