



NEW HAVEN PUBLIC SCHOOLS

COVID-19 Daily Home Screening Tool

Does your child have any of the following:

A fever over 100.4 in the past 48 hours?

Any of the following symptoms in the past 48 hours:

****Please note this only applies if these are new symptoms for your child***

- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body ache
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Travelled outside of the state of Connecticut in the past 14 days?

Has been in close physical contact (6 feet or closer for at least 15 minutes) with a person who has COVID-19 or with anyone who has any symptoms consistent with COVID-19 within the past 14 days?

Are you currently waiting on the results of a COVID- 19 test?

Please be reminded to contact the school for any absence.

DO NOT SEND YOUR CHILD TO SCHOOL IF THEY HAVE ANY RELATED COVID-19 SYMPTOMS. NOTIFY THE SCHOOL, CALL YOUR CHILD'S MEDICAL PROVIDER FOR GUIDANCE, AND COMPLETE THE FORM LISTED BELOW.

<https://veoci.com/veoci/p/form/tparf23u8kxd>