

St Jude the Apostle School
Daily Home Screening for Students

Student Name _____
Teacher _____

Dear Parents:

Please complete this form and bring the completed form to the school if your child is a drop off. If your child takes the bus, please place the form in their red folder.

Below is a list of symptoms put out by the CDC. If your child has any of these symptoms, please keep them home and notify the school nurse for the St Jude return to school policy (518-286-7308 x114)

The symptoms of COVID-19 are similar in adults and children and can look like other common illnesses, like colds, strep throat, or allergies. The most common symptoms of COVID-19 in children are fever and cough, but children may have any of these signs or symptoms of COVID-19: (CDC.gov)

- Fever (100.0 or higher)
- Chills
- Cough
- Nasal congestion or runny nose
- New loss of taste
- New loss of smell
- Sore throat
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or Vomiting
- Stomachache
- Tiredness
- Headache
- Muscle or body aches
- Poor appetite or poor feeding, especially in babies under 1 year old

If your child has any of the symptoms listed above, that indicates a possible illness that may decrease the student's ability to learn and put them at risk for spreading to illness to others. Please contact the school nurse and your primary provider for further guidance.

Please answer the questions below:

NO	YES	Does the student currently have any of the symptoms listed above by the CDC
NO	YES	Has the <u>student</u> been in close contact (within 6 feet) or directly exposed to a person confirmed positive with covid -19
NO	YES	Has the <u>student</u> traveled to an area that the NYSDOH has reported high numbers of covid -19 and requires a 14 day quarantine period

Parent Signature _____ Date _____