



## Alden CSD Daily Home Health Screening

**Note: By entering this building, placing your child on the bus, or dropping your child off at school each day of attendance, you are confirming that you have completed a Daily Home Health Screening and that your child/children have responded to all questions with “no”. If you are unable to complete a full screening at home, please contact your school nurse so arrangements can be made. If you, your child, or a member of your household have a pending COVID-19 test, do not come to school. Contact the school nurse.**

For each child who is attending school each day, please take a temperature and respond to the following questions:

1. Has this child had any symptoms associated with COVID-19 including, but not limited to: fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste/smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.  
*If yes, remain home. Call school to report the absence. Call your family physician.*
2. Has this child received a positive COVID-19 test result in the past 14 days?  
*If yes, remain home. Call school to report the absence. Call your family physician.*
3. Has this child been in close contact with anyone known to have the current COVID-19 infection within the last 14 days?  
*If yes, remain home. Call school to report the absence. Call your family physician.*
4. Has your child traveled out of state to areas with required quarantine periods upon return to New York State?  
*If yes, your child must remain home. Call school to report the absence. Call your family physician.*
5. Does this child have a measured temperature of 100 or higher today?  
*If yes, remain home. Call school to report the absence. Call your family physician.*