AUBURN SCHOOL DISTRICT
ENGAGE • EDUCATE • EMPOWER

COVID19 - Student Daily Wellness Screening

Student Name _____   **Grade** _____

Parent/Guardian Signature _____   **Date** _____

The Auburn School District, following guidance from the Washington Departments of Health and Labor & Industries, is requiring parents to screen all students who are attending school on site for symptoms related to COVID-19 or to identify if a student has been in close contact with an individual exposed to COVID-19.   Please document your student's DAILY screening for any of the following symptoms and return the form with your signature on the first in-person day of the next week. **Don't leave any spaces blank.**

1. In the last 24 hours, have you experienced any of the following symptoms in a way not normal to you?
•Fever or chills   •Cough   •Shortness of breath or difficulty breathing   •Fatigue   •Muscle of body aches   •Headache
•New loss of taste or smell   •Sore throat   •Congestion or runny nose •Nausea or vomiting   •Diarrhea

2. Have you been in close contact with anyone with confirmed COVID-19, had a positive COVID-19 test in the past 10 days, awaiting results of a COVID-19 test, or in the past 14 days has a health professional told you to self-isolate or self-quarantine because of concerns about COVID-19?

Monday	Tuesday	Wednesday	Thursday	Friday
			1 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	2 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____
5 SPRING VACATION NO SCHOOL	6 SPRING VACATION NO SCHOOL	7 SPRING VACATION NO SCHOOL	8 SPRING VACATION NO SCHOOL	9 SPRING VACATION NO SCHOOL
12 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	13 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	14 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	15 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	16 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____
19 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	20 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	21 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	22 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	23 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____
26 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	27 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	28 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	29 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____	30 1. ☐YES ☐NO 2. ☐YES ☐NO Parent Initials_____

See back for decision-making expectations based on screening outcomes.

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

Cough, shortness of breath or difficulty breathing

Fever or chills

Muscle or body aches

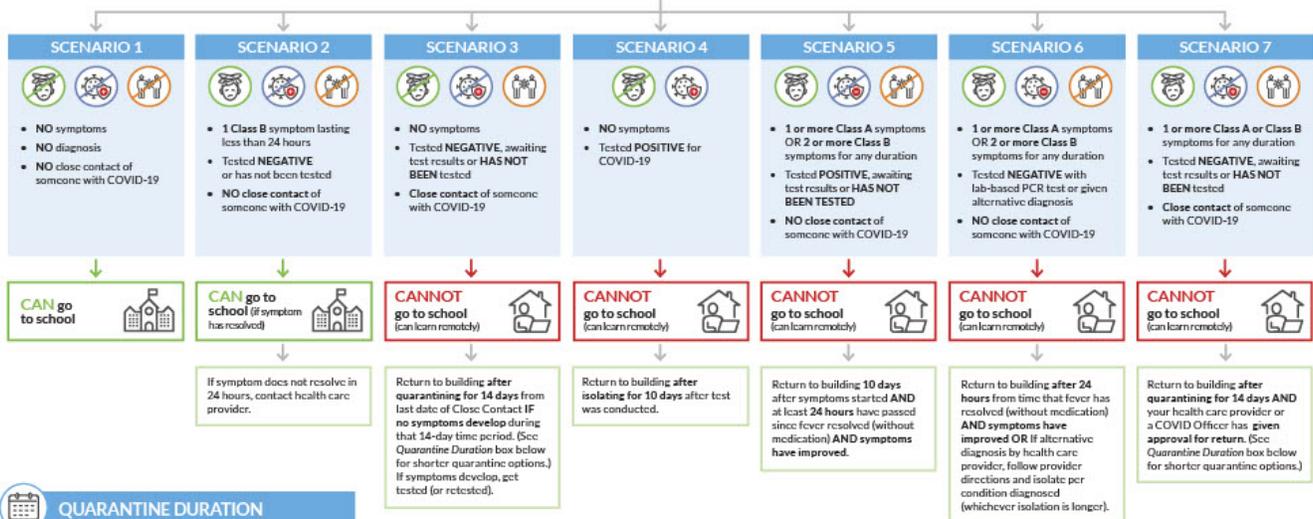Vomiting or diarrhea

New loss of taste or smell

If your student experiences any of the above symptoms, or if you answer YES to any of the questions, your student should remain at home. Please contact your school to report the absence. This form should be returned to the school on the first student day of each week, verifying that the daily wellness checks were completed the previous week.

I attest that the responses regarding my child given above are true and accurate to the best of my knowledge.

https://www.kingcounty.gov/depts/health/covid-19/schools-childcare/~/media/depts/health/communicable-diseases/documents/C19/schools-toolkit/dec-8/K-covid-19-screening-flow-chart.ashx

COVID-19 Student Symptom Flow Chart

PARENT SCREEN OF STUDENT FOR COVID-19

SCENARIO 1	SCENARIO 2	SCENARIO 3	SCENARIO 4	SCENARIO 5	SCENARIO 6	SCENARIO 7
• NO symptoms • NO diagnosis • NO close contact of someone with COVID-19	• 1 Class B symptom lasting less than 24 hours • Tested NEGATIVE or has not been tested • NO close contact of someone with COVID-19	• NO symptoms • Tested NEGATIVE, awaiting test results or HAS NOT BEEN tested • Close contact of someone with COVID-19	• NO symptoms • Tested POSITIVE for COVID-19	• 1 or more Class A symptoms OR 2 or more Class B symptoms for any duration • Tested POSITIVE, awaiting test results or HAS NOT BEEN TESTED • NO close contact of someone with COVID-19	• 1 or more Class A symptoms OR 2 or more Class B symptoms for any duration • Tested NEGATIVE with lab-based PCR test or given alternative diagnosis • NO close contact of someone with COVID-19	• 1 or more Class A or Class B symptoms for any duration • Tested NEGATIVE, awaiting test results or HAS NOT BEEN tested • Close contact of someone with COVID-19
CAN go to school	CAN go to school (if symptom has resolved)	CANNOT go to school (can learn remotely)	CANNOT go to school (can learn remotely)	CANNOT go to school (can learn remotely)	CANNOT go to school (can learn remotely)	CANNOT go to school (can learn remotely)
	If symptom does not resolve in 24 hours, contact health care provider.	Return to building after quarantining for 14 days from last date of Close Contact IF no symptoms develop during that 14-day time period. (See Quarantine Duration box below for shorter quarantine options.) If symptoms develop, get tested (or retested).	Return to building after isolating for 10 days after test was conducted.	Return to building 10 days after symptoms started AND at least 24 hours have passed since fever resolved (without medication) AND symptoms have improved.	Return to building after 24 hours from time that fever has resolved (without medication) AND symptoms have improved OR If alternative diagnosis by health care provider, follow provider directions and isolate per condition diagnosed (whichever isolation is longer).	Return to building after quarantining for 14 days AND your health care provider or a COVID Officer has given approval for return. (See Quarantine Duration box below for shorter quarantine options.)

QUARANTINE DURATION

If recommended 14 days is not possible, these two options are acceptable alternatives:

1. If a person who is in quarantine has no symptoms, quarantine can end after Day 10.
2. If a person who is in quarantine receives a negative COVID-19 test and has no symptoms, quarantine can end after Day 7. The person must be tested on or after Day 5, and quarantine cannot be discontinued earlier than Day 8. Even if a negative test is received before Day 8, the quarantine period should still be a full seven days.

COVID-19 SYMPTOMS*

CLASS A:	CLASS B:	
• Fever (defined as subjective or 100.4°F or higher) • Chills	• Cough • Loss of sense of taste/smell • Shortness of breath	• Fatigue • Headache • Muscle/body aches • Sore throat	• Congestion or runny nose • Nausea or vomiting • Diarrhea

*That are not explained by an existing condition, such as allergies or asthma.

CLOSE CONTACTS

"Close Contact" means being within 6 feet of a person with COVID-19 for about 15 minutes or more. Members of a household are considered to be close contacts.

Questions?
Contact the school health room.

Approved on January 4, 2021 by Alan Melnick, MD, MPH and Steven Krager, MD, MPH, Public Health Officers for Clark, Cowlitz, Pacific, Skamania, Wahkiakum Counties and by Amy Person, MD, Public Health Officer for Klickitat County

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