

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 or 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
3	4	5	6	7
1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent Initials_____	Parent Initials_____	Parent Initials_____	Parent Initials_____	Parent Initials_____
10	11	12	13	14
WAIVER DAY NO SCHOOL	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent Initials_____	Parent Initials_____	Parent Initials_____	Parent Initials_____	Parent Initials_____
17	18	19	20	21
1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent Initials_____	Parent Initials_____	Parent Initials_____	Parent Initials_____	Parent Initials_____
24	25	26	27	28
1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent Initials_____	Parent Initials_____	Parent Initials_____	Parent Initials_____	Parent Initials_____
31				
MEMORIAL DAY NO SCHOOL				

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:



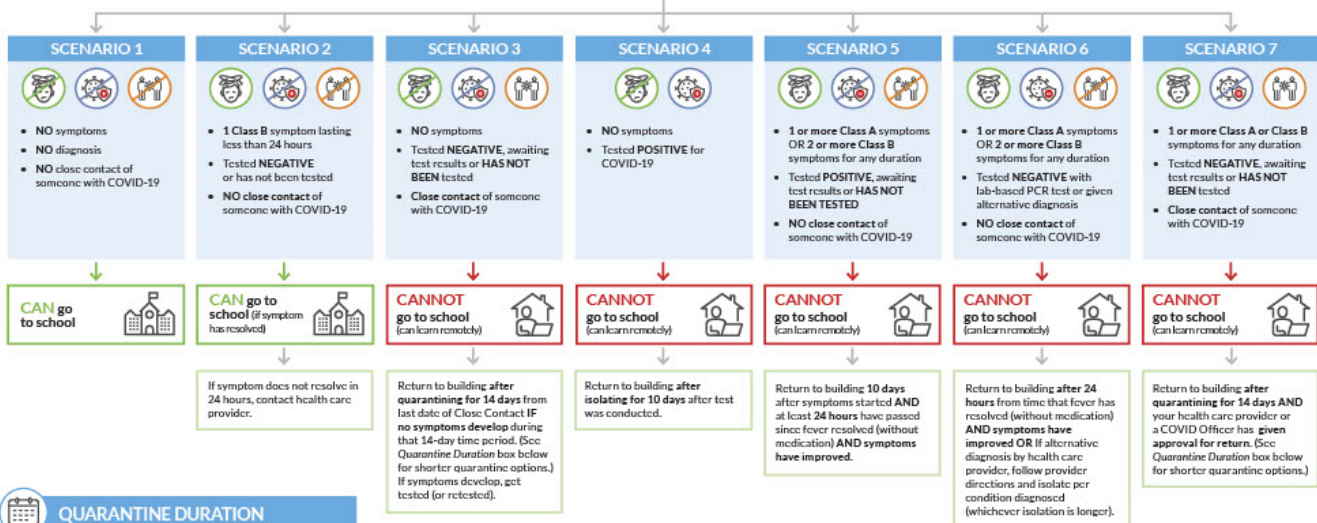
If your student experiences any of the above symptoms, or if you answer YES to any of the questions, your student should remain at home. Please contact your school to report the absence. This form should be returned to the school on the first student day of each week, verifying that the daily wellness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



QUARANTINE DURATION

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

- If a person who is in quarantine has no symptoms, quarantine can end after Day 10.
- 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: <ul style="list-style-type: none"> Fever (defined as subjective or 100.4°F or higher) Chills 	<ul style="list-style-type: none"> Cough Loss of sense of taste/smell Shortness of breath 	CLASS B: <ul style="list-style-type: none"> Fatigue Headache Muscle/body aches Sore throat 	<ul style="list-style-type: none"> Congestion or runny nose Nausea or vomiting Diarrhea
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*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 County, Pacific Skamania, Wahkiakum Counties and by Amy Perrow, MD, Public Health Officer for Klickitat County