

**STEM Partnership School
Daily Symptom Screening Verification for Students**

Student Name: _____

Today's Date: _____

- My child is not experiencing any symptoms.
- No one in our household has symptoms.
- No one in our household is awaiting COVID-19 test results.
- My child is not subject to isolation or quarantine protocol.

I verify that the daily symptom screening has been completed and the student meets the requirements to attend school in-person.

Parent/Adult Caregiver

Signature: _____

Each student must have completed the verification form each day that they attend school in-person.

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Each student must have completed the verification form each day that they attend school in-person.

Keep your student home and report the absence if ANY of the following circumstances is true within 24 hours of your student's on-site day:

- Your student is experiencing a new onset of one symptom on this list not attributed to documented allergies or a pre-existing condition; OR
- Your student is subject to an isolation or quarantine protocol related to COVID-19; OR
- Any household member is experiencing symptoms, is being evaluated by their medical provider or the health department; OR
- Any household member is awaiting results of a COVID-19 test.

Symptoms:

- Fever or chills (100.4 F or higher without the use of fever-reducing medications)
- New onset of moderate to severe headache
- Shortness of breath
- New cough
- Sore throat
- Vomiting
- Diarrhea
- Abdominal pain from unknown cause
- New congestion/runny nose
- New loss of taste or smell
- Nausea
- Fatigue from unknown cause
- Muscle or body aches

If your child, or anyone in your household, is experiencing any of the symptoms on the list, please have **all** students in the household remain home and contact their primary care physician or your county's health department. Report the absence as possibly COVID-related. Visit www.cdc.org for the current list of symptoms.

"When in doubt, please stay out."

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