



catawba county
public health

STUDENT SYMPTOM SCREENING CHECKLIST

If you answer YES to ANY of these questions, DO NOT SEND YOUR CHILD TO SCHOOL and seek guidance from your medical provider.

IS YOUR CHILD EXPERIENCING ANY OF THESE SYMPTOMS?	YES	NO
Feeling feverish and/or having chills - temperature of 100.4°F or higher?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any use of fever reducing medication within the last 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
A new cough that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
Nasal congestion or runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
New shortness of breath or difficulty breathing that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
New chills that are not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
A new sore throat that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
New muscle aches that are not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue (more tired than usual)?	<input type="checkbox"/>	<input type="checkbox"/>
Headache?	<input type="checkbox"/>	<input type="checkbox"/>
A new loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain, diarrhea, nausea or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
Positive test for COVID-19 within the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
Currently tested for COVID-19 and still waiting for the lab results?	<input type="checkbox"/>	<input type="checkbox"/>

