



OUR LADY OF GOOD COUNSEL SCHOOL 2021-2022 HOME SCREENING GUIDE

DAILY AT-HOME COVID-19 SCREENING for Students

Parents/Guardians: Each school day, you are responsible for completing an at-home health screening of your child for COVID-19 symptoms prior to allowing your child to enter a school building. You do **NOT** need to submit the form online or on paper. This is a guide to help you make health decisions each morning before school.

PLEASE READ EACH QUESTION CAREFULLY AND SELECT THE ANSWER THAT APPLIES TO YOUR CHILD.

1. In the past 48 hours, has your child experienced any of the following symptoms: <ul style="list-style-type: none"> fever (100°F or higher) 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 	YES	NO
2. Is your child isolating because they tested positive for COVID-19, or are you worried that your child may be sick with COVID-19?	YES	NO

If your child is **fully vaccinated** (or if your child has recovered from a documented COVID-19 infection in the last 90 days) and you answered **NO** to Questions 1 and 2, you may **STOP HERE**.

Your child **MAY ATTEND** school today.

In general, people are considered **fully vaccinated**:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines; or
- 2 weeks after a single-dose vaccine, such as the Johnson & Johnson vaccine.

IF YOUR CHILD IS NOT FULLY VACCINATED, PLEASE CONTINUE TO ANSWER THE FOLLOWING QUESTIONS.

3. In the last 14 days, has your child been in close contact with anyone who has COVID-19? (Close contact means within 6 feet for a cumulative total of 15 minutes or more over 24-hour period.)	YES	NO
4. Is your child or one of their immediately close contact siblings currently waiting on the results of a COVID-19 test? (You may answer NO if your child(ren) is waiting on the results of a COVID-19 test for travel purposes or a medical procedure unrelated to COVID-19.)	YES	NO
5. In the past 14 days, has your child traveled outside of the United States?	YES	NO

Did you answer **NO** to **ALL** QUESTIONS?

Your child **MAY ATTEND** school today.

Did you answer **YES** to **ANY** QUESTION?

Your child **MAY NOT ATTEND** school today.
Please keep your child at home and notify the school.

Thank you for helping us protect you and others during this time.