

Wyoming City Schools

Daily Home Health Screening for Students

Parents & Caregivers: Please complete this short check each morning. Your child will need this completed ticket and a cloth face covering to enter school each day.

Section 1: Symptoms

- Temperature of 100°F or higher
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Section 2: Close Contact/Potential Exposure in the past 14 days

- Had close contact with a person with confirmed COVID-19. (Per the Hamilton County Public Health, close contact is defined as being within 6 feet of a positive case for longer than 15 minutes, cumulatively, during the infectious period. The infectious period is 48 hours before symptom onset until the case of COVID-19 has been isolated.)
- Traveled to a state with a positivity rate over 15% as identified on the Ohio Department of Health **COVID-19 Travel Advisory** at coronavirus.ohio.gov.

If any of the above boxes are checked, please keep your student home and contact your school's health specialist for further instructions.

None of the above apply to my child

Parent Signature: _____

Child's Name: _____

Child's Grade: _____

Today's Date: _____

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