



Emphasizing Christ-like love, peacemaking, and service.

Daily Home Screening for Students

Parents: Please complete this short check each morning and report your child's information to Quakertown Christian School if they are experiencing any symptoms.

Section 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for the following:

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|--------------------------|--|
| <input type="checkbox"/> | Has your child taken any medication that may suppress a fever in the last 24 hours? |
| <input type="checkbox"/> | Temperature 100.4 degrees Fahrenheit or higher when taken by mouth |
| <input type="checkbox"/> | Sore throat |
| <input type="checkbox"/> | New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change to their cough baseline) |
| <input type="checkbox"/> | Diarrhea, vomiting, or abdominal pain |
| <input type="checkbox"/> | New onset of severe headache, especially with fever |

Section 2: Close Contact/Potential Exposure

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|--------------------------|---|
| <input type="checkbox"/> | Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person confirmed COVID-19 |
| <input type="checkbox"/> | Travel to or lived in an area where the local, Tribal, territorial, or state health department is reporting large number of COVID-19 cases as described in the Community Mitigation Framework |
| <input type="checkbox"/> | Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open |