Daily Screening Tracker: Students

1. Use this document to track and record your student's health status daily.
2. Please be sure your student brings this **signed** daily tracker with them to school each day confirming they have gone through the **Ask, Ask, Look** steps at home.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

Student Name: _____

Date	1. ASK: Has the child experienced one or more of the following Red Flag symptoms*: • New or worsening cough, shortness of breath or trouble breathing, • new loss of taste or smell, • Fever OR any <u>two (2)</u> of the following symptoms: • Chills • Unusual amount of tiredness • Headache • Diarrhea • Runny Nose and Congestions • Muscle or body aches • Sore throat • Nausea or vomiting	2. ASK: Has your child been in close contact with a person who has COVID-19 in the last 10 days?	3. LOOK: Does the child have visible signs of illness such as flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness?	4. *If the child answered yes to any of the previous questions, was the child excluded from school?	Parent or Guardian Signature

*A child does not need to be excluded due to these symptoms if the symptom the child is experiencing has been previously evaluated by a health care provider and the health care provider has provided written or verbal documentation articulating that the specific symptom(s) are not due to COVID-19.