

New Castle Community School Corporation

COVID-19 Daily Student Screening

COVID-19 Screening for Parents should be completed **Every Morning** before you send your child(ren) to school.

Please check the following: **(Please circle Yes or No)**

1. Does your child have a fever, especially greater than **100.4 degrees?** **Yes/No**
2. Is your child not feeling well? **Yes/No**
3. Has your child shown any signs of COVID-19 illness? **Yes/No**

(Please circle possible COVID-19 symptoms student may be experiencing)

Congestion or Runny Nose	Muscle Pain & Fatigue	Cough
Shortness of Breath	Nausea/Vomiting/Diarrhea	Chills
New Loss of Taste or Smell	Sore Throat	Headache

4. Was your child in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with COVID-19 within the last two weeks? **Yes/No**

If the answer is **YES** to any of the questions, **DO NOT** send your child to school. Instead, begin quarantine of your child and contact your healthcare provider. Strongly consider COVID-19 testing.

COVID-19 Exclusions From School

1. Students and employees will be excluded from school if they test positive for COVID-19 & may be excluded from school if they exhibit one or more of the symptoms of COVID-19 that are not otherwise explained.
2. Students and employees will be excluded from school and will self-quarantine for 10 calendar days if someone in their household: has COVID-19 symptoms that are not otherwise explained; or is being tested for COVID-19; or has tested positive for COVID-19.
3. Students and employees may be excluded from school if they have had close contact with a person with a suspected or confirmed case of COVID-19.