CENTRAL ARKANSAS CHRISTIAN

DAILY HOME SCREENING CHECKLIST

Parent/Guardians: Please complete this short checklist each morning before your student(s) arrives on campus.

| YES | NO | |
|-----|----|---|
| | | Temperature 100.4 degrees Fahrenheit or higher when taken by mouth |
| | | 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 severe headache in combination with fever |
| | | Had close contact (within six feet of an infected person for at least 15 minutes) with a person confirmed COVID-19 |
| | | Traveled to an area where the local, tribal, territorial, or state health department is reporting large numbers of COVID-19 cases |
| | | Live in areas of high community transmission while the school remains open |