



Great Valley Academy

Daily Home Screening for Students

Parent/Guardian: Please complete this short checklist each morning before arriving to Great Valley Academy. Place this checklist in an easy to see place in your home and remind your student(s) of the importance of completing this form each day.

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 these symptoms:

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/ asthmatic cough, a change in their cough from baseline)
<input type="checkbox"/>	Loss of taste/smell
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	Diarrhea, vomiting, or abdominal pain
<input type="checkbox"/>	New onset of severe headache, especially with a fever
<input type="checkbox"/>	Congestion/runny nose
<input type="checkbox"/>	Fatigue/Muscle or body aches

SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers 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

PLEASE DO NOT SEND YOUR CHILD TO SCHOOL IF YOU HAVE CHECKED ONE OR MORE BOXES ABOVE.