

PARAMOUNT UNIFIED SCHOOL DISTRICT DAILY AT-HOME SELF EVALUATION SCREENING AGREEMENT

As part of the Los Angeles County Public Health directives, PUSD families will complete a daily symptoms check. The safety of all students and staff is vitally important and it is imperative that all families follow the safety protocols outlined. Each day prior to reporting to school, families conduct a self-evaluation using the checklist questionnaire below.

If your child exhibits one or more of the following **flu-like** symptoms:

- Keep your child at home, do not bring your child to school
- Follow the return to school criteria.
- Notify your school office immediately and wait for further contact.
- Contact your health care provider to discuss your child’s symptoms.

AT HOME SCREENING QUESTIONNAIRE		
1.) Within the last 14-days, have you experienced any of the COVID-19 Symptoms shown below? If the answer is YES, keep your child at home.		
2.) Within the last 14-days, have you had contact with someone who is sick, is waiting for a test result, or has a confirmed COVID-19 case? If the answer is YES, keep your child at home.		
3.) Is my child experiencing any of the following COVID-19 symptoms? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • New Loss of Taste and/or Smell • Sore Throat • Congestion and/or Runny Nose • Nausea and/or Vomiting • Diarrhea • Chills and/or Fever (100.4F at or above) </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Cough • Shortness of Breath or Difficulty Breathing • Fatigue • Muscle or Body Aches • Headache </td> </tr> </table>	<ul style="list-style-type: none"> • New Loss of Taste and/or Smell • Sore Throat • Congestion and/or Runny Nose • Nausea and/or Vomiting • Diarrhea • Chills and/or Fever (100.4F at or above) 	<ul style="list-style-type: none"> • Cough • Shortness of Breath or Difficulty Breathing • Fatigue • Muscle or Body Aches • Headache
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If the answer is YES, keep your child at home.		

RETURN TO SCHOOL CRITERIA
In order for a student who has experienced COVID-19 symptoms to return to school, one of the following criteria must be met: <ul style="list-style-type: none"> • Provide the school office with a medical note; or • Provide school office with a negative result; and 24 hours with no fever without the aid of medications; and symptoms have improved; or • 10 days have elapsed since symptoms first appeared; and 24 hours with no fever without the aid of medications; and symptoms have improved

I understand my responsibility to conduct the at-home self-assessment and agree to keep my child home if they are experiencing any symptoms listed or exposures to COVID-19. I will contact the school and wait for direction from school personnel if my child has one or more symptoms. I will return my child to school once the criteria have been met. I understand if my child begins to experience symptoms at school, I will pick up and take home my child as soon as possible for their safety and the safety of others.

Child’s name _____

Parent’s daytime phone number _____

Parent’s signature _____

Date _____