



THE COTTONWOOD SCHOOL

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www.cottonwoodk12.org | www.cottonwoodhs.org

Daily Home Screening for Students

Parent/Guardian: Please complete this short questionnaire daily before sending your child to vendor sponsored activities or the lending library. If any of the boxes are checked, please keep your child home and notify your teacher.

Part 1: **Symptoms**

If your child has any of the following symptoms, that indicates a possible illness that may reduce the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms.

	Temperature 100.4 degrees Fahrenheit or higher
	Sore Throat
	NEW uncontrolled cough that causes difficulty breathing
	Diarrhea, vomiting, and/or abdominal pain
	New onset of severe headache, especially with a fever.

Part 2: **Close Contact/Possible Exposure**

	Had close contact (Within 6 feet of an infected person for an cumulative of 15 minutes in a 24 hour period) with a person confirmed to have COVID 19.
	Anyone in a household with a confirmed COVID 19.

