Daily Screening Tracker: Students

1. Use this document to track and record your student's health status daily.
2. Please be sure your student brings this **signed** daily tracker with them to school each day confirming they have gone through the **Ask, Ask, Look** steps at home.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Student Name: _____

Date	1. ASK: Has the child experienced one or more of the following symptoms*: fever, chills, cough, congestion, sore throat, shortness of breath, difficulty breathing, diarrhea, nausea or vomiting, fatigue, headache, muscle or body aches, poor feeding or poor appetite, new loss of taste or smell, or any other symptom of not feeling well?	2. ASK: Has your child been in close contact with a person who has COVID-19 in the last 14 days?	3. LOOK: Does the child have visible signs of illness such as flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness?	4. *If the child answered yes to any of the previous questions, was the child excluded from school?	Parent or Guardian Signature

*A child does not need to be excluded due to these symptoms if the symptom the child is experiencing has been previously evaluated by a health care provider and the health care provider has provided written or verbal documentation articulating that the specific symptom(s) are not due to COVID-19.