

## STAFF AND CHILDREN AT-HOME SCREENING CHECKLIST FOR DAYCARE/PRESCHOOL

If a child or staff member has any of the following symptoms, this indicates a possible illness and puts them at risk for spreading illness to others.

For more information, visit www.moh.gov.jm



Screeningquestionsandh	nowtorespond	d			
Are you currently experiencing	ONE or more of th	e following symptom	s unrelated to a known pre-existing cor	ndition (e	g. asthma, allergies)?
○ New cough	<ul> <li>Shortness of breath</li> </ul>		O Difficulty breathing	New loss of taste or smell	
O No I am not experiencing one	or more of the abo	ove symptoms.			
If you are experiencing one or m	nore of the above	symptoms, stay h	ome, consult your medical provider,	and get	tested for COVID-19.
2. Are you currently experiencing	any TWO of the f	following symptoms	unrelated to a known pre-existing cond	dition (e.ç	g. asthma, allergies)?
Fever (100.4 degrees or greate	er) Chi	lls (rigors)	O Diarrhea (2x in 24 hours)	O Cor	gestion or runny nose
Nausea or vomiting (2x in 24 h	ours) O Hea	adache	Muscle aches (myalgias)	O Sor	e throat
○ Fatigue	○ No	○ No I am not experiencing two or more of the above symptoms.			
If you are experiencing two or r	nore of the abov	e symptoms, stay	nome, consult your medical provide	r, and g	et tested for COVID-19.
		-	alt your medical provider. You may retion and symptoms have improved.		work/preschool after
COVID-19 diagnostic test in the	e past 14 days?	Ç ,	h anyone (including household membe	ers) who	had a positive
If yes to question 3, the MOH	W requires a14 (	day quarantine froi	n last date of exposure.		
If you answer NO to all the al daycare/preschool.	pove questions,	you have passed t	ne screening and can begin working	g and/or	attend
4. Have you traveled internationa  O Yes  No	lly within the last	14 days?			
	•	•	<ul> <li>recommends to stay home as much d consider getting tested.</li> </ul>	ch as po	ssible for 14 days,