

Using the Children's Hospital Symptom Checker

Go to : <https://www.childrensomaha.org/StudentSymptomChecker/Marian>

Complete the questions on start page. This step needs to be completed once for each student attending Marian. When finished entering all students hit **Save**.

Student Information #1

Which district does the student in your household attend? *

Marian High School

Which school does the student attend? *

Select an option

What grade is the student in? *

Select an option

What is their gender?

Select an option

What is their race?

Select an option

What is their ethnicity?

Select an option

After you hit save, you will be given a household ID number. This will be saved on the computer you are working on, but you will need it if you use multiple devices.

Please select the first **Click Here** button if you would like to enter your student's name

Your family ID is [REDACTED] This will be remembered on this device, so that you don't need to fill out this demographic information again. If you want to fill out your daily screener on another device, just enter this ID.

If you would like to provide your child's name tied to this screening information please [click here](#).

If you would like to complete the daily screener anonymously, please [click here](#).

On the next screen, click anywhere in the COVID-19 Guidance box. Read the Disclaimer and click **Accept**.



COVID-19 Guidance for Parents

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This guide will help you decide whether your child needs medical attention for COVID-19 and what you can do to protect your child and others from the spread of the disease.

Read the list of symptoms and if your student has any of these, click **Yes**. Otherwise click **No**. If you select No, you are finished and may close the app.

If you select yes, you will see an additional screen that lists severe symptoms. Again, select **Yes** or **No** and follow the onscreen directions.

Do you think your child might have COVID-19?

Common symptoms for children with COVID-19 include:

- o Fever (Temperature over 100.4 degrees Fahrenheit) or chills
- o Cough
- o Sore Throat
- o Congestion or runny nose
- o Shortness of breath or difficulty breathing
- o Muscle or body aches
- o Headache
- o New loss of taste or smell
- o Nausea or vomiting
- o Diarrhea

Yes

No