



108 Washington Street • P.O. Box 1724 • Cumberland, MD 21501-1724
Telephone (301) 759-2000 • www.acpsmd.org

Members of the Board of Education

Tammy M. Fraley, President
Debra L. Frank, Vice President
David A. Bohn, DC
Robert S. Farrell
Edward L. Root, Ed.D.

Interim Superintendent of Schools

Jeffrey S. Blank

Symptom Screening for Students

This symptom screening should accompany a daily temperature check.

1. Since last at school, has your child or anyone in your home had any of the following symptoms?

- Cough
- difficulty breathing
- shortness of breath
- muscle aches
- sore throat
- diarrhea
- congestion or runny nose
- fever of 100.4 or higher
- new loss of taste or smell
- chills or shaking chills
- headache
- nausea or vomiting
- fatigue

2. Since last at school, is your child or anyone in your home waiting for a COVID-19 test result, (tested due to symptoms) or been diagnosed with COVID-19?

3. In the last 14 days, has your child had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?

If you answered **YES** to any of the questions above, your child cannot attend school and you must contact your child's school to notify the nurse.

Revised 10/29/20