Symptom Screening for Students

This symptom screening should accompany a daily temperature check.

1. Since last at school, has your child had any of the following symptoms?
   - Fever of 100.4 or higher
   - Sore throat
   - Cough
   - Difficulty Breathing
   - Diarrhea or Vomiting
   - New onset of severe headache (especially with fever)
   - New loss of taste or smell

2. Since last at school, is your child waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

3. In the last 14 days, has your child had close contact (within 6 feet for a total of 15 minutes or more in a 24 hour period) with anyone diagnosed with COVID-19 or suspected of having COVID-19, and your child did not complete quarantine?

If you answered YES to any of the questions above, your child cannot attend school, and you must contact your child’s school to speak with the school nurse for further guidance.

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