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## **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.

Revised 5/21/21