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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 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, 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 or anyone in your home 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.