

















Parent COVID Screening Tool

What exactly does 'Stay Home When Sick' mean?

COVID Symptoms

Row 1	Cough 	Shortness of breath or difficulty breathing 	Loss of taste or smell 				
Row 2	Fever or chills 	Nausea, vomiting or diarrhea 	Congestion or runny nose 	Muscle or body aches 	Headache 	Sore throat 	Fatigue 

Student Questions	Answer	Action
<p>1. Have you had a fever (100 & above) OR taken fever reducing medicine in the past 24 hours? If No you could come to school. (Answer next ?)</p>	No	
<p>If Yes <u>do not come</u> to school.</p>	Yes	
<p>2. Do you feel sick with any of the COVID symptoms above OR feel unwell? If No you could come to school. (Answer next ?)</p>	No	
<p>If Yes with 1 symptom from Row 1 <u>do not come</u> to school. If Yes with 2 symptoms from Row 2 <u>do not come</u> to school.</p>	Yes	
<p>3. Are you a close contact of a person with COVID in the past 14 days OR been diagnosed with COVID in the past 10 days? If No you can come to school (if all 3 questions are No).</p>	No	
<p>If Yes <u>do not come</u> to school.</p>	Yes	

Come to school when all answers are **No** and the student is feeling well with no other symptoms of illness.
Call or e-mail the school nurse if you have any questions.