

COVID-19 Screening for Parents

Every morning before you send your child to school please check the following:

- 1** Your student does **NOT** have a fever greater than 100.4 degrees (may be lower based on your school's policy) **OR** lower if your child is not feeling well.

Other signs of illness such as:

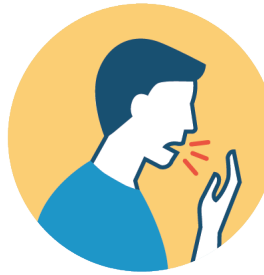


FEVER 100.4* OR CHILLS

**or school board policy if threshold is lower*



SORE THROAT



COUGH*

**especially new onset, uncontrolled cough*



**DIARRHEA, VOMITING
OR ABDOMINAL PAIN**



HEADACHE*

**particularly new onset of severe headache, especially with fever*



**NEW LOSS OF TASTE
OR SMELL**



**MUSCLE OR BODY
ACHES OR FATIGUE**



**CONGESTION
OR RUNNY NOSE**



**SHORTNESS OF BREATH OR
DIFFICULTY BREATHING**

- 2** Were you in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with COVID-19 within the last two weeks?

- 3** If the answer is **YES** to any of the questions, **DO NOT** send your student to school. Instead, begin isolation of your child and contact your healthcare provider. Strongly consider COVID-19 testing.

➔ *If you have trouble breathing, chest pain, new confusion, inability to wake or stay awake or bluish lips or face*

CALL 911!