

COVID-19 Screening for Parents

Every morning before you send your child to school please check for signs of illness:



FEVER 100.4* OR CHILLS
*or school board policy
if threshold is lower



SORE THROAT



**COUGH* OR SHORTNESS
OF BREATH**
*especially new onset, uncontrolled cough



**DIARRHEA, NAUSEA OR
VOMITING, ABDOMINAL PAIN**



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



**NEW LOSS OF TASTE
OR SMELL**

**May present with more than one symptom. This list does not include all possible symptoms.*

- 1** Does your child have any sign of illness above?
- 2** Were you in close contact (within 6 feet for a total of 15 minutes over a 24-hour period) with anyone confirmed with COVID-19?
- 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. Have you been tested for COVID-19? Only a positive test or provider diagnosis can confirm if someone has a current infection.
- 4** Please keep your student home until they meet the criteria on the chart on back of the page.

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

CALL 911!