

# Brownsville School District

## School Symptom Screening Tool

Please complete this form daily prior to school/work

Employee or Student Name: \_\_\_\_\_

Assigned Class/Group: \_\_\_\_\_

Temperature: \_\_\_\_\_

Are you/is the student taking any medication to treat or reduce a fever such as ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)? \_\_\_\_\_

Are you/is the student experiencing any of the following?

Group A 1 or more symptoms	Group B 2 or more symptoms
Fever (100.4 or higher) Cough Shortness of breath Difficulty breathing	Sore Throat Runny nose/congestion Chills New lack of smell or taste Muscle pain Nausea or vomiting Headache Diarrhea

STAY HOME if, you or the student:

- Have one or more symptoms in Group A OR
- Have two or more symptoms in Group B OR
- Are taking fever reducing medication