

COVID-19

Pre-Screening Tool for School Attendance

Please review this screening tool before school every morning.
This tool is for your reference only, do NOT bring it to school.

NO

☐

Within the past 24 hours
have you had a fever
(100.4 and above*) or
used any fever reducing
medicine?

YES =



NO

☐

Do you feel sick with any
of the most common
symptoms of Covid, had
vomiting/diarrhea, or felt
unwell?
(see symptom list to the right)

YES =



NO

☐

Have you been a close
contact of a person with
Covid in the past 14 days?

YES =



NO

☐

Have you traveled
outside of the state in
the past 14 days?

YES =



Call your school
nurse

Most Common Symptoms of Covid 19:

Cough
Shortness of
breath
or difficulty
breathing
Fever (100.4°F/
38 °C or greater)*
Chills
Sore throat
New loss of taste
or smell

Less Common Symptoms:

Muscle pain
Nausea or
Vomiting
Stomach pain
Diarrhea
Fatigue
Headache
Rash
Swelling or redness
of hands/feet
Red eyes/eye
drainage
Congestion/
runny nose

*Fever is 100.4°F/
38°C regardless of
measurement
location (oral,
temporal).

**Stay home with any YES response to the questions above OR
with two or more of the "less common" symptoms listed to the
right.**

Attend school when all answers are NO and your child is
feeling well with no other symptoms of illness.