## COVID-19

## Pre-Screening Tool for School Attendance

Within the past 24 hours NO have you had a fever YES = (100.4 and above\*) or used any fever reducing medicine? Do you feel sick with any NO of the most common symptoms of Covid, had YES = vomiting/diarrhea, or felt unwell? (see symptom list to the right) NO Have you been a close contact of a person with YES = Covid in the past 14 days? NO Have you traveled YFS = outside of the state in the past 14 days? **Contact your** 

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

school nurse

Attend school when all answers are NO and your child is feeling well with no other symptoms of illness. Call or see your school nurse or other designated person at school if you have questions.

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## 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
Diarrhea
Fatigue
Headache
Congestion/runny
nose

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

