

# Pre-Screening Tool for School Attendance

Within the past 24 hours have you had a fever\* or taken fever reducing medicine?

**YES =**



Do you feel sick, have Vomiting/diarrhea, fever\*, sore throat, new cough, or feel unwell?

**YES =**



Have you been told to stay home and isolate/quarantine due to COVID-19 exposure?

**YES =**



## Most Common Symptoms of COVID-19:

Cough  
Shortness of breath or difficulty breathing  
Fever \*  
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.

**Symptoms of illness can have many causes. Please keep your student home and contact your school nurse or primary care provider if your student is unwell. Students who present with symptoms while in school will be dismissed to home at the discretion of the nurse.**

*\*A fever is 100.4F/38C or greater.*



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