COVID-19
Pre-Screening Tool for School Attendance

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

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 =**

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

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

Contact Your School

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. 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).