



Student Screening Tool

Please answer the following questions every day prior to drop-off. If you can answer “YES” to any of these questions, do NOT come to school and notify the school nurse.

Is the student or any household contact suspected of having COVID-19?

NO

Is the student or any household contact awaiting results of COVID-19 testing

NO

Has the student or any household contact tested positive for COVID-19 in the last 14 days?

NO

Has the student been exposed to someone that has tested positive for COVID-19 in the last 14 days?

NO

Is the student experiencing any of the symptoms listed below:

- Fever - a temperature of 100.0°F or higher without the use of fever reducers
- A low-grade fever or temperature less than 100.0°F **with** other symptoms
- Persistent cough or a child that is unable to cover mouth during coughing
- Shortness of breath
- Chills
- Generalized body aches or muscle pain
- Severe sore throat or white patches visible upon inspection
- Headache with other associated symptoms
- Loss of taste or smell
- Severe cold symptoms including copious nasal drainage
- Active vomiting or diarrhea
- Eyes that are red, swollen or draining
- Undiagnosed, new, and untreated rash or skin condition
- The first 24 hours after beginning of antibiotic treatment**

NO

Have a great day at school!