

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?
(see symptom list to the right)

YES =



Have you been in close
contact with a person who
has COVID-19?

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 "other" or "less common" symptoms listed to the right.

Attend school when all answers are NO. Call or see your school nurse or other designated person at school if you have questions.

Most Common Symptoms of Covid 19:

Cough
Shortness of
breath
or difficulty
breathing
Fever (100.4 or
greater)*

Other Symptoms

Chills
Muscle pain
Sore throat
New loss of taste
or smell

Less Common Symptoms:

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
regardless of
measurement
location (oral,
temporal).