

# COVID-19 Screening for Parents

**Every morning before you send your child to school please check the following:**

- 1** Your student does **NOT** have a fever greater than 100.4 degrees (may be lower based on your school's policy) **OR** lower if your child is not feeling well.

**Other signs of illness such as:**

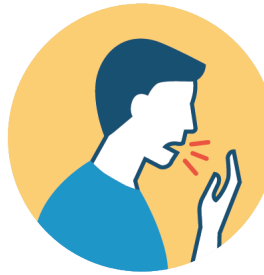


**FEVER 100.4\* OR CHILLS**

\*or school board policy  
if threshold is lower



**SORE THROAT**



**COUGH\***

\*especially new onset,  
uncontrolled cough



**DIARRHEA, VOMITING  
OR ABDOMINAL PAIN**



**HEADACHE\***

\*particularly new onset of severe  
headache, especially with fever



**NEW LOSS OF TASTE  
OR SMELL**



**MUSCLE OR BODY  
ACHES OR FATIGUE**



**CONGESTION  
OR RUNNY NOSE**



**SHORTNESS OF BREATH OR  
DIFFICULTY BREATHING**

- 2** Were you in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with COVID-19 within the last two weeks?

- 3** If the answer is **YES** to any of the questions, **DO NOT** send your student to school. Instead, begin isolation of your child and contact your healthcare provider. Strongly consider COVID-19 testing.

**➔** *If you have trouble breathing, chest pain, new confusion, inability to wake or stay awake or bluish lips or face*

**CALL 911!**