

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, had Vomiting/diarrhea, fever*, sore throat, new cough, or felt 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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