

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 =



Most Common Symptoms of Covid 19:

Cough
Shortness of
breath
or difficulty
breathing
Fever (100.4 or
greater)*
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
regardless of
measurement
location (oral,
temporal).*

**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. Call or see your
school nurse or other designated person at school if you have
questions.