

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 of Covid, had
vomiting/diarrhea, or felt
unwell?
(see symptom list to the right)

YES =



Have you been a close
contact of a person with
Covid in the past 14 days?

YES =



Have you traveled
outside of the state in
the past 14 days?

YES =



Contact
Your School

Most Common Symptoms of Covid 19:

Cough
Shortness of
breath
or difficulty
breathing
Fever (100.4°F/
38 °C or greater)*
Chills
Sore throat
New loss of taste
or smell

Less Common Symptoms:

Muscle pain
Nausea or
Vomiting
Diarrhea
Fatigue
Headache
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 OR
with two or more of the "less common" symptoms listed to the
right.**

Attend school when all answers are NO and your child is
feeling well with no other symptoms of illness. Call or see your
school nurse or other designated person at school if you have
questions.

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