

# COVID-19

## Pre-Screening Tool for School Attendance

Within the past 24 hours have you had a fever (100 and above\*) or used any fever reducing medicine?

YES=



Do you feel sick with any of the most common symptoms?

YES=



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

YES=



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

YES=



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 designated person at school if you have any questions.

### Most Common Symptoms of COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever (100 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 regardless of measurement location (oral, temporal).