

# COVID-19 Screening for Parents

Every morning before you send your child to school please check for signs of illness:



**FEVER 100.4\* OR CHILLS**  
\*or school board policy  
if threshold is lower



**SORE THROAT**



**COUGH\* OR SHORTNESS  
OF BREATH**  
\*especially new onset, uncontrolled cough



**DIARRHEA, NAUSEA OR  
VOMITING, ABDOMINAL PAIN**



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



**NEW LOSS OF TASTE  
OR SMELL**

*\*May present with more than one symptom. This list does not include all possible symptoms.*

- 1** Does your child have any sign of illness above?
  - 2** Was your child in close contact (within 6 feet for a total of 15 minutes over a 24-hour period) with anyone confirmed with COVID-19?
  - 3** If the answer is **YES** to any of the questions, **DO NOT** send your student to school. Instead, get your child tested for COVID-19 and isolate them until their test result is received.
  - 4** Please keep your student home until they meet the criteria to return to school.
- ➔** *If your child has trouble breathing, chest pain, new confusion, inability to wake or stay awake or bluish lips or face.* **CALL 911!**