

# 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** Were you 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, begin isolation of your child and contact your healthcare provider. Have you been tested for COVID-19? Only a positive test or provider diagnosis can confirm if someone has a current infection.
- 4** Please keep your student home until they meet the criteria.

**➔** *If you have trouble breathing, chest pain, new confusion, inability to wake or stay awake or bluish lips or face*

**CALL 911!**