

COVID-19 Symptom Screening Tool



Staff and students are required to DAILY review the symptoms listed below and proceed according to guidance noted PRIOR to coming to school.

Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

☐ YES ☐ NO

Are you/is the student experiencing any of the following?

Group A **1 or more symptoms**

- ☐ Fever (100.4 or higher when taken by mouth)
- ☐ Cough
- ☐ Shortness of breath
- ☐ Difficulty breathing
- ☐ New olfactory (smell) disorder
- ☐ New taste disorder

Group B **2 or more symptoms**

- ☐ Chills
- ☐ Rigors (sudden feeling of cold & shivering along with a rise in temperature)
- ☐ Myalgia (muscle pain/aches)
- ☐ Headache
- ☐ Sore Throat
- ☐ Nausea or vomiting
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Congestion or runny nose

STAY HOME if, you or the student:

Have **one or more** symptoms in **Group A**
OR

Have **two or more** symptoms in **Group B**
OR

Are taking fever reducing medication.