

# COVID-19

## Pre-Screening Tool for School Attendance

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

YES =



Do you feel sick with any  
of the most common  
symptoms?  
(see symptom list to the right)

YES =



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

YES =



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

YES =



Contact  
Your School

**Stay home with any YES response to the questions above OR with two or more of the "other" or "less common" symptoms listed to the right.**

**Attend school when all answers are NO.**

**Call or see our school nurse, Ashley Moody, or the attendance office (846 - 9051) if you have questions.**

### Most Common Symptoms of Covid 19:

Cough  
Shortness of  
breath  
or difficulty  
breathing  
Fever (100.0 or  
greater)\*

### Other Symptoms

Chills  
Muscle pain  
Sore throat  
New loss of taste  
or smell

### Less Common Symptoms:

Nausea or  
Vomiting  
Stomach pain  
Diarrhea  
Fatigue  
Headache  
Rash  
Swelling or redness  
of hands/feet  
Red eyes/eye  
drainage  
Congestion/  
runny nose

\*Fever is 100.0  
regardless of  
measurement  
location (oral,  
temporal).