

COVID-19 Self-Screening

- 1) Does your child exhibit any of the following symptoms **not related to a known cause**?

Cough

Shortness of breath or difficulty breathing

Fever of 100.4°F or higher or have the sense of having a fever?

Sore throat

Chills

New loss of taste or smell

Muscle or body aches

Nausea/vomiting/diarrhea

Congestion/running nose – not related to seasonal allergies

Unusual fatigue

- 2) **Does anyone in your household** have any of the above symptoms not related to a known cause?
- 3) Has your child been in **close contact** with anyone with suspected or confirmed COVID-19?
- 4) Has your child had any medication to reduce a fever?

If you have answered “yes” to any question above, please refrain from bringing your child to in-person instruction at this time. God bless you!