

Screening Questions before Coming to School

Students are required to perform at-home screening before leaving for in-person instruction on campus. Students are to stay home if they respond Yes to any of the following questions.

Have you experienced any of the following symptoms in the last 24 hours?

- Fever of 100.4 degree or above
- Persistent cough
- Shortness of breath or difficulty breathing
- Chills
- New excessive fatigue
- Muscle ache
- New onset of severe headache
- Sore throat
- Congestion
- Runny nose
- Diarrhea, vomiting or abdominal pain
- New loss of taste or smell

- Have you tested positive for COVID-19 in the last 14 days, or has someone in your household tested positive for COVID-19 in the last 14 days?

- Have you been in close contact (within 6 feet for at least 15 minutes) in the past 14 days with someone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?

- Have you traveled internationally or from a state with widespread community transmission of COVID-19 in the past 14 days?

Student Name _____

Grade _____

Student Name _____

Grade _____

Parent Signature _____

Date _____