

# Attendance School Symptom Screening Tool

Name:

Grade:

Date:

Are you/is the student experiencing any of the following? **Circle reported symptoms**

<b>Group A</b> <b>1 or more symptoms</b>	<b>Group B</b> <b>2 or more symptoms</b>
Cough  Shortness of breath  Difficulty breathing  New olfactory disorder (loss of smell)  New taste disorder (loss of taste)  Fever (100.4 or greater).	Chills  Rigors (shivering accompanied by rise in temp)  Myalgia (muscle aches)  Headache  Sore throat  Nausea or vomiting  Diarrhea  Fatigue  Congestion or runny nose
<p>If Yes- exclude for 10 days <b>OR</b> clearance from medical provider <b>OR</b> negative COVID test and improving symptoms</p> <p>If Yes with known exposure- Refer parent to school nurse for return to school guidelines</p>	<p>If Yes to <b>2 or more</b>- exclude for 10 days <b>OR</b> clearance from medical provider <b>OR</b> negative COVID test and improving symptoms</p> <p>If Yes with known exposure- Refer parent to school nurse for return to school guidelines</p> <p>If one from Group B list with no exposure- can attend school, return when symptoms resolve or Dr. note received.</p>

**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.