

# 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.

Has your student 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
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- Have your student tested positive for COVID-19 in the last 10 days?
  - Has anyone in your household tested positive for COVID-19 in the last 10 days?
  - If not vaccinated, has your student been in close contact (within 6 feet for at least 15 minutes) in the past 10 days with someone who has tested positive for COVID-19?
  - If not vaccinated has your student traveled internationally or out of state in the past 10 days?

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_