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## **Symptom Screening for Students**

This symptom screening should accompany a daily temperature check.

**1. Since last at school, has your child or anyone in your home had any of the following symptoms?**

- Cough
- difficulty breathing
- shortness of breath
- muscle aches
- sore throat
- diarrhea
- congestion or runny nose
- fever of 100.4 or higher
- new loss of taste or smell
- chills or shaking chills
- headache
- nausea or vomiting
- fatigue

**2. Since last at school, is your child or anyone in your home waiting for a COVID-19 test result, or been diagnosed with COVID-19?**

**3. In the last 14 days, has your child had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?**

If you answered **YES** to any of the questions above, your child cannot attend school and you must contact your child's school to notify the nurse.

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