

Screen at Home - 4 Questions and Instructions

1 Do you have any of these symptoms today or within the last 10 days that are new and that are not related to any ongoing condition that you have previously or regularly experienced (i.e., seasonal allergies, migraines, sore throat, chronic mild chest congestion associated with common cold, etc.).

- Yes** — Stay home. For return instructions, see [Stay at Home and Return to School Requirements \(Appendix B\)](#).
- No** — Continue to next question

STAY HOME
IF YOU HAVE
ANY OF THESE
SYMPTOMS


Fever or Chills


Cough


Fatigue


Headache


Congestion or
runny nose


Diarrhea


New loss of
taste or smell


Shortness of breath or
difficulty breathing


Muscle or body aches


Sore throat


Nausea or vomiting



2 Are you currently taking a medication (prescription or over-the-counter) that may mask or disguise the symptoms of COVID-19?

- Yes** — Stay home. For return instructions, see [Stay at Home and Return to School Requirements \(Appendix B\)](#).
- No** — Continue to next question

3 In the past 14 days, have you had close contact with someone diagnosed with COVID-19?

- Yes** — Stay home. For return instructions, see [Stay at Home and Return to School Requirements \(Appendix B\)](#).
- No** — Continue to next question

4 In the past 14 days, have you returned from travel outside of the local area?

- Yes** — Follow current state and federal guidelines on stay home and quarantine requirements.
- No** — Continue

If you answered “No” to all the questions you may come to school.
If you are staying home call the school to advise them of the reason for your absence, please include your symptoms if you have any.

