

## SCREEN AT HOME - FOUR QUESTIONS AND INSTRUCTIONS

**1** Do you have any of these symptoms today or within the last 10 days that are new to you, and that a medical provider confirms 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 \(Appendix B\)](#). You must test negative, bring a doctor note, or stay home for 10 days.
- 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 10 days from the last date of close contact. Notify the school attendance office immediately and wait for instructions from Health Services.
- 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 guidelines
- 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.