

COVID-19 Health Screening Questions

Parents, please screen your child daily with these questions. If any of the answers are yes, please keep your child home and contact Nurse Jill to discuss further steps for re-entering school.

1. Are you feeling ill today?

Any fever, cough, shortness of breath, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congested or runny nose, nausea, vomiting, or diarrhea.

2. Have you been diagnosed with COVID or quarantined for COVID in the past 2 weeks?

3. Have you been in close contact with someone who has been diagnosed with COVID or who has been placed in quarantine for COVID in the past 2 weeks?