

## Health Screening

PLEASE REVIEW BEFORE ENTERING THE SCHOOL

Has your child recently been exposed to someone who has tested positive for COVID-19? If yes, keep your child home.

**Does your child currently have any of the following symptoms?**

- ★Fever over 100
- ★Cough
- ★Shortness of breath or chest pain
- ★Headache
- ★Sore throat
- ★Nasal congestion unrelated to seasonal allergies
- ★Muscle aches
- ★Chills
- ★Loss of smell and taste
- ★Nausea, vomiting or diarrhea

If your answers to any of the above are **yes**, please keep your child home and contact your physician for guidance on testing.

If your answers to the above are all **no**, your child is cleared to be in school today.

Please note, if your child develops any of the above symptoms at school, you will be contacted to pick them up immediately.

THANK YOU from the nursing staff!