

Updated School Symptom Screening Tool

**May be utilized as a screening tool for both at home and on-site screening practices.*

Complete Daily Prior to School/Work*

Employee or Student Name:

Assigned Class/Group:

Temperature:

Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

Are you/is the student experiencing any of the following?

Group A 1 or more symptoms	Group B 2 or more symptoms
Fever (100.4 or higher) Cough Shortness of breath Difficulty breathing New Olfactory (Smell) Disorder New Taste Disorder	Sore throat Runny nose/congestion Chills Fatigue Muscle pain (Myalgia) Nausea or Vomiting Headache Diarrhea Rigors

Stay home if, you or the student:

- Have one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking fever reducing medication.

Please notify school officials if you become sick with [COVID-19 Symptoms](#), test positive for COVID-19, or are exposed to someone with COVID-19 symptoms or to someone with a confirmed or probable case of COVID-19 or you recently traveled to recommended areas for self-quarantine.