## **COVID-19 Screening Tool**

Parents daily you will need to ask these questions about your student(s). If the answer is "yes" to any of the questions or if the temperature is 100.4° or higher, please keep your student(s) home.

In the past 24 hours, have you exp	erienced:				
Fever (felt feverish or above 100.4° F)	□Yes	$\square$ No			
New or worsening cough:	□Yes	$\square$ No			
Shortness of breath:	□Yes	□No			
Sore throat:	$\square$ Yes	□No			
Diarrhea:	$\square$ Yes	□No			
Chills	$\square$ Yes	$\square$ No			
Severe Chills with Shaking	$\square$ Yes	□No			
Muscle Pain	$\square$ Yes	□No			
Loss of Taste and/or Smell	□Yes	□No			
Current temperature:	° F				
If you answer "yes" to any of the symptoms listed not go school. Self-isolate at home and contact  In the past 14 days, have you:	your primary	care physician's c	office for dire	ction.	do
Had close contact with an individual dia	gnosed wit	h COVID-19?	□Yes	□No	
If you answer "yes" to this question, please do r County Public Health office for direction (530)62 For domestic or international travel guidance, p needs/  When Students May Return to School	23-8209. lease go to : !	nttps://covid19.ca.g	ov/stay-home-		<u>tial-</u>
A student when her COVID 10 may return 2 de		£	.:		

- A student who has COVID-19 may return 3 days after their fever is normal (without fever reducing medications); and
- All of their other symptoms have improved; and
- Ten days have passed since their first symptom **OR** they have tested negative twice in a row, with the tests being 24 hours apart **and** they have no fever or other symptoms.
- If a student has had direct exposure with COVID-19, they can return 14 days after their last exposure, as long as they do not have a fever or any other symptoms