

Illness Screening Tool for Initial Decision Making

Name: _____

Date: _____

* If the answer is yes to 2 or more symptoms in section 1, or 1 or more symptoms in section 2 call parents/staff and send home.

Please circle Yes or No

Section 1: (Minor Symptoms)

Reasons for Leaving School:

Yes/No -Sore throat

Yes/No -New Cough

Yes/No -Congestion/runny nose (extended)

Yes/No -Minor Elevated Temperature (99.0-100.3)

Section 2: (Major Symptoms)

Yes/No -New sensation of loss of taste or smell

Yes/No -Diarrhea, vomiting (evaluated on a case by case basis)

Yes/No -Shortness of breath/difficulty breathing

Yes/No -Severe Headache

Yes/No -Temperature of 100.4 or higher

Yes/No -Severe Cough

Section 3: Other Factors to Consider

Yes/No -Any recent travel

Yes/No -Attended a large gathering

Yes/No -Close contact with someone who tested positive

Yes/No -Someone at home is sick

How long have they had the symptoms? _____

In Order to Return to School:

1. Cough has to be markedly improved.
2. If out more than two (2) days, a negative COVID test **OR** another diagnosis from a doctor. If parents chose not to test, then children must remain home for 10 days.
3. Symptoms must have been gone for 24 hours. Some symptoms are judged on a case by case basis (i.e. runny nose or cough).