

# Mifflinburg Area School District

## Parent & School Symptom Screening Tool

Please complete daily prior to school

Please post this in your home and use it to help us pre-screen your child before sending him or her to school every day.

1. Is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?
2. Has the student been in contact with anyone known to have or suspected to have COVID-19 in the last 14 days?
3. Is the student experiencing any of the following?

| <b>Group A<br/>1 or more symptoms</b>  | <b>Group B<br/>2 or more symptoms</b> |
|--|---------------------------------------|
| Fever (100 or higher)  | Sore throat                           |
| New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline; example: worsening cough, cough not improved with inhaler medication, productive cough etc.) | Runny nose/congestion                 |
| Shortness of breath  | Chills                                |
| Difficulty breathing   | Fatigue                               |
| New lack of smell or taste   | Muscle pain                           |
|  | Nausea or Vomiting                    |
|  | Headache                              |
|  | Diarrhea                              |

**Please keep the student at home if he or she:**

- Has one or more symptoms in Group A **OR**
- Has two or more symptoms in Group B **OR**
- Is taking fever reducing medication **OR**
- Has been in close contact with a person known or suspected to have COVID-19 ("Close contact" is defined as being within 6 feet for a duration of 15 minutes or longer)

