

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?

Group A 1 or more symptoms	Group B 2 or more symptoms
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);	Runny nose/congestion
Shortness of breath	Chills
Difficulty breathing	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 contact with a person known or suspected to have COVID-19