

USD #265 AT HOME HEALTH SCREENING TOOL

*Please review this screening tool before reporting to school/work each morning.

Is your child experiencing any of the symptoms below? Follow the arrows based on your answers.

1.

- Is your child or anyone in your house sick and being tested for COVID-19?
- Has your child been identified by the health department as a positive case of COVID-19?
- Has your child been in *close contact with a positive case of COVID-19 case?

If YES to ANY of these questions, please follow the YES arrow.

NO

2.

If your child has any of the following symptoms: **feeling unwell, cough, shortness of breath, difficulty breathing, fever like symptoms/chills, fever of 100.4 or higher, muscle aches, headache, runny nose/ congestion, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea or abdominal pain**-they should be isolated until COVID-19 can be ruled out through a negative test or receive an alternative more likely diagnosis.

YES

NO

3.

Does your child have symptoms of fever of **100.4 or greater**, undiagnosed rash or sores, any other symptoms of illness?

NO

YES

Have they been **WITHOUT** fever and cough (without the aid of fever reducing medication) for 72 hours, and **WITHOUT** diarrhea or vomiting for 72 hours?

YES

NO

*CLOSE CONTACT: means within 6 feet for 10 minutes, with or without a mask, or longer to a positive COVID-19 case.

YES

STAY AT HOME. Call the school.
Rest and recover and/or call your healthcare provider.

****If any of the above-listed symptoms are sudden or severe, seek IMMEDIATE medical attention****

Has your child traveled out of state in the past 14 days?
If yes, please check the travel related quarantine link and contact the school if you have any questions before arriving on campus.

YES

FOR TRAVEL RELATED QUARANTINE, PLEASE VISIT KDHE

<https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran#:~:text=Those%20who%20have%20traveled%20to,on%20or%20after%20August%202011.>

**OK to
come to
school!**