COVID-19 Daily Home Screening



ΡI	ease	consider	the fol	llowing a	questions	nrior to	sending	vour stu	dent to	school
	Case	COHSIGE	tile io	nowing (questions	prior to	schullig	your stu	uent to	7 3011001

- Does your student have a fever (100.4 or greater) or chills?
- Does your student have a new or worsening cough?
- Is your student experiencing shortness of breath or difficulty breathing?
- Does your student or anyone in their household have current symptoms of COVID-19?
- Has your student or member of their household been diagnosed with COVID-19 and not yet been cleared to end isolation/quarantine?
- Has your student been a close contact (within 6 feet for 15 minutes or longer) with anyone diagnosed with COVID-19 and not yet cleared to end isolation/quarantine?

STAY HOME if the answer is YES to any of the above

The following symptoms are also associated with COVID-19 or other illnesses. Please stay home and contact your medical provider or district nurse for clearance to come back to school.

- Nausea or vomiting (may not attend until 48 hours after vomiting)
- Diarrhea (may not attend until 48 hours after diarrhea)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Fatigue
- · Congestion or runny nose

Additionally, students should stay home if they have the following:

- Undiagnosed skin rash, lesions, sores
- Stiff neck or headache with fever
- Jaundice (yellow color of skin or eyes)
- Colored drainage from eyes
- Recent surgery or hospitalization (until written instructions from doctor are provided to school)

Questions? Contact the District Nurse through your student's school or by email to District Nurses <u>district_nurses@bethel.k12.or.us</u>



Adapted from Lane County Public Health Resources