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**Symptom Screening Tool**

* In the last 24 hours, have you taken any medications to treat or reduce a fever such as Ibuprofen (Advil, Motrin) or Acetaminophen (Tylenol)? **Yes/No**
* Are you experiencing any of the following?

|  |  |
| --- | --- |
| **Group A****1 or More Symptoms** | **Group B****2 or more symptoms** |
| * **Fever > 100.4**
* **Cough**
* **Shortness of breath**
* **Difficulty breathing**
* **Loss of taste or smell**
 | * **Chills**
* **Rigors** (cold, shivering, sweating with a temperature)
* **Muscle pain**
* **Headache**
* **Sore throat**
* **Runny nose/congestion**
* **Fatigue**
* **Nausea or vomiting**
* **Diarrhea**
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**Stay home if you:**

* Have one or more symptoms in Group A **OR**
* Have two or more symptoms in Group B **OR**
* Are taking a fever reducing medication

**Contact your physician if you stay home from school due to COVID-19 symptoms based on the screening tool.**

August 3, 2021