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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** |

**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