

Student Screening

Please make sure you conduct the following screening with your child each morning before they go to school.

QUESTION 1 SYMPTOMS

Does your child have any of the following symptoms that are new/different/worse from baseline of any chronic illness including known asthma or allergies? Yes No

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New onset of cough (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

QUESTION 2 CLOSE CONTACT/POTENTIAL EXPOSURE

- In the past 14 days, has your child had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19? Yes No

If the answer is **NO** to question 1, but **YES** to question 2, parents need keep their child(ren) home from school. They should call the school to let them know why their child(ren) will be absent. Their child(ren) will need to quarantine at home for 14 days.

If the answer is **YES** to question 1 and **Yes** to question 2, they should call their healthcare provider right away to discuss symptoms and COVID-19 testing. If they do not have a healthcare provider, they may contact the Lenawee County Health Department at (517) 264-5226, Option 5 to speak with a Public Health Nurse (Monday – Friday 8:00am – 4:30pm). The student must isolate at home until they have 24 hours with no fever (without the use of fever-reducing medication) **and** symptoms have improved **and** it has been at least 10 days since symptoms first appeared.

If the answer is **YES** to question 1, but **NO** to question 2, the student may return based on the guidance from their physician and their predominate symptoms (see "[Managing Communicable Diseases in Schools](#)"):

- Fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications
- Sore throat: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- Cough/Shortness of breath: improvement
- Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
- Severe headache: improvement

QUESTION 3 PENDING RESULTS

- Has your child been tested for COVID-19 and are waiting for results? Yes No

If yes, they must isolate at home until you receive negative results. They then may return based on guidance from your healthcare provider for your child's predominate symptoms (see "[Managing Communicable Diseases in Schools](#)"), unless they have had close contact with a COVID positive individual (see question 2) in which case they must quarantine at home for 14 days.

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.