



## Metamora Grade School

### COVID-19 Home Screening Tool

(Updated 9/29/2020)

**Parents/Guardians,**

**Please use this tool to determine if it is safe for your child to attend school. *By sending your child(ren) to school each day, you are affirming that you can respond with “No” to each of these statements.***

#### **Section 1 - Symptoms**

- |     |    |   |
|-----|----|---|
| Yes | No | Temperature 100.4 degrees Fahrenheit or higher  |
| Yes | No | New onset of severe headache, especially with a fever   |
| Yes | No | Shortness of breath   |
| Yes | No | New cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)  |
| Yes | No | Sore throat   |
| Yes | No | Muscle or body aches  |
| Yes | No | Diarrhea, vomiting, or abdominal pain from an unknown cause   |
| Yes | No | New congestion/runny nose not attributed to allergies ( <i>If attributed to allergies, a physician note stating so is required for child to attend school with those symptoms</i> ) |
| Yes | No | New loss of taste or smell  |

#### **Section 2 – Possible Exposure**

- |     |    |  |
|-----|----|--|
| Yes | No | Someone in my child’s household currently has symptoms related to COVID-19   |
| Yes | No | Had a known close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19.   |
| Yes | No | Traveled to or recently moved from an area where the local or state health department is reporting large numbers of COVID-19 cases. ( <i>IDPH states those who travel to areas of higher risk should stay home, if possible, for 14 days and monitor for symptoms.</i> ) |

**Please review, sign, date, and return this page to your child's homeroom teacher by Friday, October 9<sup>th</sup>.**

**Resources on the MGS website:**

- COVID-19 Protocol and Guidelines - answers many questions regarding "What happens when..."
- IDPH Decision Tree – chart used to determine when quarantine is necessary and documentation required to return to school
- IDPH FAQ – document of school related questions that have been asked of the IDPH.
- COVID-19 Home Screening Form

**I acknowledge the resources on the MGS website. I have read the attached COVID-19 Home Screening Form and agree to use it each day of the 20-21 school year to determine if it is safe to send my child(ren) to school. By sending my child(ren) to school, I am affirming that I have used the screening tool that day and all of the answers are "No". I also am aware of the COVID-19 resources available on the MGS website.**

**Please sign and return this page to your child's teacher by Friday, Oct. 9<sup>th</sup>. Please keep the first page for your reference.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date