



## IN PERSON STUDENT LEARNING COVID-19 SCREENING QUESTIONNAIRE

In response to the Coronavirus (COVID-19) outbreak and the on-going pandemic alert. We are asking for your cooperation with reviewing the below questionnaire each day prior to sending your child to school.

### SECTION 1: EXPOSURE

In past 14 days, has the student:	Yes	No
<ul style="list-style-type: none"> <li>Had prolonged contact (<i>within 6ft for a cumulative 15 min or more within a 24-hour period</i>) with someone who has tested positive for COVID-19?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Traveled outside the United States by air or cruise ship or to an area within the United States identified as high-risk by the CDC or Dept of Health?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any questions in Section 1, in-person learning will need to cease until the student/family completes a 14 day quarantine period to ensure no symptoms appear. Please contact the school to discuss if other instructional models are available, i.e. virtual learning.

### SECTION 2: SYMPTOMS

**Does the student currently have any of the following symptoms:**

Group A: 1 or more symptoms	Group B: 2 or more symptoms
New uncontrolled cough Shortness of breath Difficulty Breathing Loss of smell Loss of taste	Fever over 100° Chills/Rigors Myalgia/muscle soreness Headache Sore throat Diarrhea, abdominal pains, or vomiting Fatigue Congestion or runny nose

Student needs to stay home if:

- Has one or more symptoms in Group A **OR**
- Has two or more symptoms in Group B **OR**
- Has only diarrhea or vomiting (existing New Story policy) **OR**
- Has only a fever (existing New Story policy)

Students need to quarantine for 10 days from symptom onset if presenting with one or more symptoms from Group A OR two or more symptoms from Group B, if symptoms are not because of a pre-existing medical condition.

Student can return to in-person learning if:

- It has been 10 days from symptom onset AND at least 24 hours fever free **OR**
- Cleared by a medical doctor or health care provider and fever free for 24 hours **OR**
- Has received a negative test AND at least 24 hours fever free AND improved symptoms

### SECTION 3: POSITIVE TEST

**If the student has tested positive for COVID-19, return is based on the following:**

<input checked="" type="checkbox"/> 10 days since symptoms first appeared
<input checked="" type="checkbox"/> 24 hours with no fever without the use of fever-reducing medications
<input checked="" type="checkbox"/> Other symptoms of COVID-19 are improving
<input checked="" type="checkbox"/> If asymptomatic, 10 days since positive test