



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

	Yes	No
In the past 10 days, has the student had prolonged contact (<i>within 6ft for 15 min or more</i>) with someone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 10 days, has the student traveled outside of Pennsylvania?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student currently living with someone who is quarantining due to exposure or travel?	<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 10-day quarantine period to ensure no symptoms appear. If a COVID test is completed after day 5 of exposure and is negative, the student can return after a 7-day quarantine period if no symptoms. Please contact the school to discuss other instructional models 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: <input checked="" type="checkbox"/> Has one or more symptoms in Group A OR <input checked="" type="checkbox"/> Has two or more symptoms in Group B OR <input checked="" type="checkbox"/> Is taking fever reducing medication OR <input checked="" type="checkbox"/> Has a fever only (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.	
Student can return to in-person learning if: <input checked="" type="checkbox"/> It has been 10 days from symptom onset AND at least 24 hours fever free OR <input checked="" type="checkbox"/> Cleared by a medical doctor or health care provider and fever free for 24 hours OR <input checked="" type="checkbox"/> Has received a negative test AND at least 24 hours fever free AND improved respiratory 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