



## Home Health Screen 2020-2021

If you respond “yes” to any of these questions, please **DO NOT** come to school or send your child to school.

- ✓ Is anyone in your home experiencing coronavirus-like symptoms?
- ✓ **Within the past 14 days**, have you been around anyone who tested positive for Coronavirus or is presumed to be positive?
- ✓ **Within the past 14 days**, have you (11 years of age or older) traveled out of the state for non-custodial reasons?

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>

**If yes, YOU MUST NOTIFY YOUR SCHOOL NURSE OR SCHOOL PRINCIPAL**

Traveling to known hot spot locations (out of state or internationally) require a 10-day quarantine if your travel is determined to be high risk.

- ✓ Are you currently taking any medication to treat or reduce a fever such as ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?
- ✓ Are you currently experiencing any of the following?

<b>Group A 1 or more symptoms</b>	<b>Group B 2 or more symptoms</b>
Fever (100.0 or higher) or felt feverish	Sore throat
Cough	Runny nose/congestion
Shortness of breath	Chills
Difficulty breathing	New lack of taste or smell
Conjunctivitis (red, watery, itchy eyes)	Muscle pain (unexplained)
Vomiting	Nausea
Diarrhea	Headache
Lymph node enlargement (swollen glands)	Rash
Swelling of the palms and soles of the feet or skin peeling in those areas	
Sharp abdominal pains	

**Stay home if you (the student):**

- Have one or more symptoms in Group A **AND/OR**
- Have two or more symptoms in Group B **AND/OR**
- Are taking fever reduction medication

If your child stayed home as a result of answering “yes” to any of the above questions, we ask that you call your school nurse prior to returning your child to school.