

WELLNESS CHECK

1) Does your child have a temperature of 100°F or higher?

2) Has your child experienced any of the following new symptoms in the last 48 hours?

- CHILLS
- CONGESTION/ RUNNY NOSE
- COUGH
- DIARRHEA
- FATIGUE
- FEVER
- HEADACHE
- MUSCLE/ BODY ACHES
- NAUSEA/ VOMITING
- NEW LOSS OF SMELL
- NEW LOSS OF TASTE
- SHORTNESS OF BREATH
- SORE THROAT
- TROUBLE BREATHING

3) Is there anyone in your household who is exhibiting any of the symptoms above?

4) In the past 14 days, has your child been in close contact (6 feet or closer for at least 15 minutes) with a person who is known to have a laboratory confirmed case of COVID-19?

5) Is your child or someone in your household currently waiting on results from a COVID-19 test?

If you answered yes to any of the questions above, please keep your student home for 10 days from the onset of the symptom. If your student has been in close contact with a person who has tested positive for COVID-19 or they have tested positive, they are required to quarantine for 14 days.

CORONAVIRUS

PREVENTION



WEAR MASK



PRACTICE SOCIAL DISTANCE



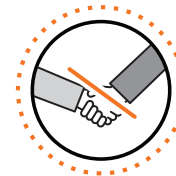
WASH HANDS WITH SOAP



AVOID CONTACT



CLEAN OBJECTS & SURFACES



AVOID HANDSHAKE



AVOID CROWDS