



SAU #6

DAILY SCREENING FOR SAU 6 STUDENTS



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This guide pertains to anybody with potential COVID-19. This includes new or unexplained symptoms, even if only mild symptoms, you have to stay home per state guidelines.

Parents/Guardians: Please complete this short check each morning before your child leaves for school.

Section 1: Symptoms IF CHILD HAS ANY OF THE FOLLOWING

<input type="checkbox"/>	Temp. of 100.0 F or above	<input type="checkbox"/>	Fever and/or Chills
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Shortness of breath or difficulty breathing
<input type="checkbox"/>	New loss of taste or smell	<input type="checkbox"/>	Muscle and/or Body aches
<input type="checkbox"/>	Nasal Congestion	<input type="checkbox"/>	Runny Nose
<input type="checkbox"/>	Nausea and/or vomiting	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Sore Throat

Section 2: Close Contact/Potential Exposure IF CHILD HAS HAD ANY OF THE FOLLOWING

<input type="checkbox"/>	You or anyone in your household has had: Any close contact with someone suspected of or confirmed to have COVID-19 in the past 14 days
<input type="checkbox"/>	Have traveled outside of New England (NH, VT, MA, ME, CT, RI) in the last 2 weeks, stay at home and follow the same guidelines.

**If you answered YES to ANY of these,
YOUR CHILD SHOULD NOT COME TO SCHOOL.**

Your child must self-quarantine for 10-14 days or have a negative Covid-19 test result. Please provide the school nurse with the test result.

Please make sure you are notifying the school nurse if your child will be staying home due to any of the above symptoms and/or potential exposure mentioned.