















Dear parents and guardians:

Please take the time to screen your child each morning before school. Below is a breakdown of the symptoms we would like you to look for. If your child meets any of the requirements below, please keep your child and their siblings, who attend other QCS D schools, home, contact your school nurse and your child's doctor. All children should remain home until the sick child is either cleared by a doctor or has a negative test result.

Does your son/daughter have any of these symptoms?

<p>Group A 1 or more of these symptoms Stay Home</p>	<p>Group B 2 or more of these symptoms Stay home</p>			
<p>Cough</p> 	<p>Fever</p>		<p>Congestion or runny nose</p>	
<p>Shortness of breath</p> 	<p>Chills/ Shivering</p>		<p>Sore throat</p>	
<p>Difficulty breathing</p> 	<p>Headache</p>		<p>Nausea or vomiting</p>	
<p>Loss of smell</p> 	<p>Muscle pain or achiness</p>		<p>Digestive issues</p>	
<p>Loss of taste</p> 	<p>Fatigue</p>			

- Has your son/daughter's temperature been above 99.9 degrees Fahrenheit?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Has your child been instructed to quarantine or been in close contact with a person diagnosed with COVID-19 in the last 10 days?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Has anyone in your home been diagnosed with COVID-19 in the last 20 days?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered yes to any of these questions, please call your building nurse for further direction prior to coming to school.**