

COVID-19 Symptom Tracker Screening Tool

*Use this tool daily before leaving home. Please contact the School Nurse with any questions. You DO NOT need to turn this form into the school - please post it in your home somewhere that it can be used as a daily reminder to track your health.

Please check student's temperature DAILY. If the temperature is greater than 100.3 degrees fahrenheit, please keep the student home. If their temperature is 100 degrees fahrenheit, please wait 10 minutes and check again - if their temperature increases, please keep them home.

Question 1: In the past 14 days, has the student been exposed to anyone diagnosed with COVID-19?

Question 2: In the past 24 hours has the student taken any medication to treat or reduce a fever such as ibuprofen (i.e. Advil, Motrin) or acetaminophen (Tylenol)?

Question 3: Has the student experienced any **ONE** or more of the following symptoms from Column 1 OR any **TWO** (or more) of the following symptoms from Column 2?

Column 1 1 (or more) symptoms	Column 2 2 (or more) symptoms
Fever >100.3 (see above) New Cough Shortness of Breath Difficulty Breathing New Loss of Taste/Smell Vomiting* Diarrhea*	Sore Throat Runny Nose/Congestion Chills Headache Body Aches/Muscle Pain Nausea

*Vomiting/Diarrhea are not necessarily an indicator of COVID-19, however, students experiencing these symptoms should NOT come to school.

If your student is experiencing a FEVER or you have answered YES to any of the above questions, keep student at home. Notify your provider for further instructions and notify School Nurse with COVID-19 test results or exposure.

Kristi Ebaugh, BSN, RN
ebaughk@fairfield.k12.pa.us
717-642-2013 (MS/HS Office)

Carrie Wren, LPN
wrenca@fairfield.k12.pa.us
717-642-2010 (ES Office)