

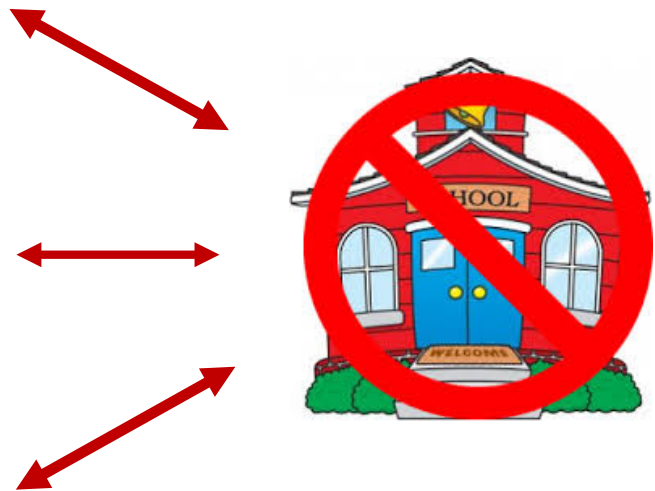
RSU 26 COVID-19 PRE-SCREENING TOOL FOR SCHOOL ATTENDANCE

Section 1:

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms.

Yes or No	Temperature 100.4 degrees Fahrenheit or higher within past 24 hours or used any fever reducing medicine
Yes or No	Sore Throat
Yes or No	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
Yes or No	Diarrhea, vomiting, or abdominal pain
Yes or No	New onset of severe headache, especially with a fever
Yes or No	<i>Any two or more of these less common symptoms: chills, muscle pain, new loss of taste or smell, fatigue, rash, swelling/redness in hands or feet, red eyes/eye drainage, runny nose.</i>

Yes to any of these questions **contact your health care provider & stay home** until you are **symptom free for 24 hours without fever reducing medication.**



Section 2:

Yes or No	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with a confirmed Covid-19
Yes or No	Traveled out of state in the past 14 days (except those covered under Maine Executive Order)

If you answer **YES** to any question from **Section 2**, you must quarantine for 14 days.

If **YES** to any question in **both Section 1 and Section 2**, in addition to the 14-day quarantine, you should also contact your health care provider.



Return to school with a note from your physician **or** once criteria for home isolation/self-quarantine has been met.

****CONTACT YOUR CHILD'S SCHOOL OFFICE TO REPORT ANY SCHOOL ABSENCE AND SYMPTOMS****