

# HELP US PROTECT THE SCHOOL FROM COVID-19

## PLEASE KEEP YOUR STUDENT HOME IF:

- In the past 10 days, they have experienced any of the following not caused by another condition:
  - Shortness of breath or difficulty breathing
  - Fever (100.4 or greater)
  - New, unexplained cough
  - Loss of taste or smell
  - Sore throat
  - Runny nose
  - Muscle or body aches
  - New onset of a severe headache, especially with fever
  - Unusual fatigue
  - Nausea or vomiting
  - Diarrhea

- Any of the following statements apply-If student has/is:
  - Been in close contact with someone who has tested positive for COVID-19 in the past 14 days
  - Told by a public health or medical professional to self-monitor, self-isolate, or self-quarantines because of concerns about COVID-19 infection
  - Had a positive COVID-19 test for active virus in the past 10 days
  - Awaiting the results of a COVID-19 test due to symptoms or exposure

**IF YOUR CHILD HAS BEEN IN CLOSE CONTACT WITH A COVID+ PERSON OR HAS BEEN DIAGNOSED WITH COVID, PLEASE INFORM YOUR SCHOOL'S NURSE**