

COVID-19 Student Illness Tool

Student _____ Date _____

Parent/Guardian _____ Phone _____

Comments

***** Please note: if, based on the answers and directions on this tool, your child needs to stay home, all siblings/household members must stay home as well unless you hear otherwise from the district nurse. Thank you for your cooperation and understanding in our ongoing effort to keep our District healthy!!*****

Part 1

1. Has the student been in close contact (within 6 feet for longer than 15 minutes cumulative throughout the day) with anyone who tested positive or was diagnosed with COVID-19 in the last 14 days? Yes No
2. Has the student been diagnosed with COVID-19 by a health care provider in the last 10 days?
Yes No
3. Within the last 10 days, has the student tested positive for COVID-19 or completed testing and awaiting results? Yes No
4. Has the student experienced any of the following symptoms within the last 24 hours?
 - ◆ Cough Yes No
 - ◆ New loss of sense of smell or taste Yes No

STOP! If YES to any question in Part 1, the student should remain at home or be sent home immediately. All members of the same household must also stay/go home. The student should isolate and his/her healthcare provider should be contacted for testing recommendations.

Part 2

1. Has the student developed (new onset or above normal range for the individual) any of the following symptoms with the last 24 hours?
 - ◆ Temperature at or above 100.4 Yes No
 - ◆ Sore throat Yes No
 - ◆ Headache Yes No
 - ◆ Muscle/Body aches Yes No
 - ◆ Unusual fatigue Yes No
 - ◆ Nausea or vomiting* Yes No
 - ◆ Diarrhea* Yes No
 - ◆ Runny Nose/Nasal Congestion Yes No

If YES to 2 or MORE questions in Part 2, the student should remain home or be sent home immediately. All members of the same household must also stay/go home. The student should isolate and his/her healthcare provider should be contacted for testing recommendations.

If YES to 0 or 1 question in Part 2, the student may attend school.

For questions, assistance completing this form, or further information please contact the District Nurse, Abby Kirchen at abby.kirchen@pwssd.k12.wi.us or 262-268-6075

*Vomiting or diarrhea – alone or together – will require the student to go/stay home. However, these symptoms do not necessarily indicate the need for COVID-19 testing or isolation.