



Rogers City Area Schools - Daily Home Health Screening for Students

Parents: Please complete this short check each morning before your child leaves for school. If you answer yes to any, please keep your child home and self-monitor. See additional information provided in the COVID-19 Return to School Toolkit.

SECTION 1: Symptoms

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

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, <u>a change in their cough from baseline</u>)
<input type="checkbox"/>	Diarrhea, vomiting, or abdominal pain
<input type="checkbox"/>	New onset of severe headache, especially with a fever

SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases
<input type="checkbox"/>	Live in areas of high community transmission while the school remains open



*This document was created by the CDC and modified for Rogers City Area Schools.

cdc.gov/coronavirus

IF YOU ANSWER YES TO ANY OF THE QUESTIONS....

If the answer is **YES to any of the questions in Section One, but NO to all the questions in Section Two**, keep your child(ren) home from school until the following are fulfilled:

- for fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications;
- sore throat/ cough: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours;
- severe headache: improvement in headache.

If the answer is **YES to any of the questions in Section One AND YES to any of the questions in Section Two**:

- Call your healthcare provider right away to get evaluated and tested for COVID-19. If you don't have one or cannot be seen, go to www.mi.gov/coronavirustest or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

If the answer is YES to any of the symptom questions, but NO to any close contact/potential exposure questions, your student may return based on the guidance for their symptoms (see "Managing Communicable Diseases in Schools"):

- Fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications
- Sore throat: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- Cough/Shortness of breath: improvement
- Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
- Severe headache: improvement