

Winthrop Public Schools

Screening K-12 Daily Screening for Student-Athletes

Review each morning before your child leaves for school. If you answer YES to any of the questions below PLEASE STAY HOME.

Do you have any of the following symptoms:
<ul style="list-style-type: none">• Fever of 100 deg F, or feels febrile/feverish- feels hot, complaining of chills or shaking chills
<ul style="list-style-type: none">• New onset of cough
<ul style="list-style-type: none">• Difficulty breathing or shortness of breath
<ul style="list-style-type: none">• Sore throat
<ul style="list-style-type: none">• Persistent runny nose that cannot be attributed to known allergies, <i>when in combination with other symptoms</i>
<ul style="list-style-type: none">• Headache <i>when in combination with other symptoms</i>
<ul style="list-style-type: none">• Headache <i>when in combination with other symptoms</i>
<ul style="list-style-type: none">• Gastrointestinal symptoms- nausea, vomiting, diarrhea within the last 24 hours
<ul style="list-style-type: none">• New loss of taste or smell
<ul style="list-style-type: none">• Significant fatigue, <i>when in combination with other symptoms</i>
<ul style="list-style-type: none">• New muscle aches or body aches that cannot be attributed to an injury or exercise

Close Contacts/Exposure
<ul style="list-style-type: none">• Have you had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<ul style="list-style-type: none">• Have you traveled to a high-risk state as defined by the MA travel order or out of the country?

Please contact the school nurse, athletic director and student's health care provider if you answered yes to any of the above questions.

PLEASE SANITIZE YOUR HANDS BEFORE YOU ENTER AND WHEN YOU EXIT