

# Winthrop Public Schools

## *Screening K-12 Daily Home Screening for Students*

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

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

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