



## COVID-19 Student Illness Tool

**\*\*\* PLEASE NOTE:** Please use this form to help determine if your child is well enough to go to school. If your child is staying home, it is helpful to let Chava know by texting her at 414-439-4041.

### PART 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been diagnosed with COVID-19 by a health care provider in the last 10 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last 10 days, has the student tested positive for COVID-19 or completed testing and awaiting results?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student experienced any of the following symptoms within the last 24 hours? <ul style="list-style-type: none"> <li>▪ New loss of sense of smell or taste    <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ Cough    <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
Does your child have any of the following: <ul style="list-style-type: none"> <li>▪ Temperature at or above 100.4*    <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ Muscle/Body aches*    <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ Nausea or vomiting*    <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ Diarrhea*    <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <small>*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.</small>	

**STOP!** If **YES** to any question in Part 1, the student should remain at home or be sent home immediately. The student should isolate and his/her healthcare provider should be contacted for testing recommendations.

### PART 2

Has the student developed (new onset or above normal range for the individual) any of the following symptoms with the last 24 hours?			
▪ Runny Nose/Nasal Congestion	<input type="checkbox"/> Yes <input type="checkbox"/> No	▪ Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Unusual fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No	▪ Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STOP!** If **YES** to 2 or MORE questions in Part 2, the student should remain home or be sent home immediately. The student should isolate and his/her healthcare provider should be contacted for testing recommendations.