Elementary School - 507.794.6141 High School - 507.794.4121 Business Office - 507.794.4841

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## CONDUCT A HEALTH SCREENING EACH DAY BEFORE BRINGING YOUR CHILD TO SCHOOL

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS SINCE YOUR LAST DAY OF SCHOOL OR THE LAST TIME YOU WERE HERE THAT YOU CANNOT ATTRIBUTE TO ANOTHER HEALTH CONDITION?

PLEASE ANSWER "YES" OR "NO" TO EACH QUESTION. DO YOU HAVE:

$\Box$ FEVER (100.4 OR GREATER)
☐ CHILLS
☐ MUSCLE PAIN
☐ SORE THROAT
☐ FATIGUE
☐ CONGESTION
☐ NEW LOSS OF SMELL OR TASTE
□ DIARRHEA
□ VOMITING
□ NAUSEA
□ COUGH
☐ SHORTNESS OF BREATH

IF YOU ANSWERED "YES" TO COUGH OR SHORTNESS OF BREATH, OR ANSWERERED "YES" TO AT LEAST TWO OF THE OTHER SYMPTOMS KEEP YOUR CHILD HOME, AND CONTACT THE SCHOOL FOR FURTHER INSTRUCTION.