

Pleasant Valley School District

Complete Daily Prior to School/Work\*

Employee or Student Name:

Temperature:

Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

Are you/is the student experiencing any of the following?

<b>Group A</b> <b>1 or more symptoms</b>		<b>Group B</b> <b>2 or more symptoms</b>
Cough Shortness of breath Difficulty breathing New olfactory disorder New taste disorder	<b><u>OR</u></b>	Fever ( $\geq 100.4$ F oral or equivalent) Chills Rigors Myalgia Headache Sore throat Nausea or vomiting Diarrhea Fatigue Congestion or runny nose

**Stay home if, you or the student:**

- Have one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking fever reducing medication.

*\*May be utilized as a screening tool for both at home and on-site screening practices.*