

## Chippewa Valley Schools Student Self- Screening Questions

The following screener has been created by the Macomb County Health Department and will be used by Chippewa Valley Schools. Parents/guardians are expected to screen their child(ren) **before leaving for school or sending them to school**. These symptoms may indicate a possible illness that may decrease your child's ability to learn and put them at risk for spreading illness to others.

### Section 1: Symptom Questions

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever



**STOP** If the answer is YES to any of the symptom questions, keep your child(ren) home from school.

### Section 2: Close Contact/Potential Exposure Questions

In the past 14 days has your child(ren):

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19:

OR

- Traveled to or lives in an area with a high level of transmission of COVID-19

**STOP** If the answer is YES to any symptom question and YES to any close contact/potential exposure question, call the school as soon as possible to let them know the reason your child(ren) will not be there today. Call your healthcare provider right away. If you don't have one or cannot be seen, go to <http://www.mi.gov/coronavirustest> or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

### Section 3: Symptom Guidance

**STOP** If the answer is YES to any of the symptom questions, but NO to all close contact/potential exposure questions, your student may return to school when symptoms subside or improve.

Click [Managing Communicable Diseases in Schools](#) for additional return to school timeframes.

- **Fever:** at least 24 hours have passed with no fever, without the use of fever-reducing medications
- **Sore throat:** improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken)
- **Cough/Shortness of breath:** improvement
- **Diarrhea, vomiting, abdominal pain:** no diarrhea or vomiting for 24 hours
- **Severe headache:** improvement

**DISCLAIMER:** This screening tool is subject to change based on the latest information on COVID-19.