



CHARLEROI

AREA SCHOOL DISTRICT

Parent/Guardian At-Home Health Screening Tool

Please use the tool below daily to assess your child's health before sending them to school.

- Student Temperature: _____
- Is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)? Yes or No
- Is the student experiencing any of the following?

Group A: 1 or more symptoms	Group B: 2 or more symptoms
<ul style="list-style-type: none"> • Fever (100 or higher) • Cough • Shortness of Breath • Difficulty Breathing • Vomiting • Diarrhea 	<ul style="list-style-type: none"> • Sore throat • Runny Nose/Congestion • Chills • New lack of smell or taste • Muscle Pain • Nausea • Headache • Fatigue

KEEP STUDENT HOME IF:

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

Also, keep student home if he/she has one of the following not COVID-19 related issues:

- Active head lice
- Active unexplained rash
- Eye-infection (red, painful, pus/drainage)

Contact your primary care physician/pediatrician for medical advice and/or to schedule a visit.