



ATTLEBORO PUBLIC SCHOOLS

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Daily Home Screening for Students

Please complete this short check each morning and report any positive symptoms, close contacts, or potential exposures to your School Nurse.

Section 1: Symptoms

If your child has any of the following symptoms that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others, please DO NOT send them to school. Please check your child for these symptoms:

	Temperature \geq 100.0 F without fever reducing medication
	Chills or shaking chills
	Cough (<i>not due to other known cause, such as chronic cough</i>)
	Difficulty breathing or shortness of breath
	New loss of taste or smell
	Sore throat
	Headache, <i>in combination with other symptoms</i>
	Muscle aches or body aches
	Nausea, vomiting, or diarrhea
	Fatigue, <i>in combination with other symptoms</i>
	Nasal congestion or runny nose (<i>not due to other known cause, such as allergies</i>), <i>in combination with other symptoms</i>

Section 2: Close Contact / Potential Exposure

	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
	Traveled to or come from an area where the local or state health department is reporting large numbers of COVID-19 cases

If you have answered YES to any of the above questions, remain home and contact your child's Primary Care Provider for guidance.