

# Webberville Community Schools At-Home Student Health Screener

## Student Screening

Before leaving for school, please make sure you perform the following screening. If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and put them at risk for spreading illness to others.

### Section One: Symptoms

- ☐ Temperature 100.0 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

### Section Two: Close Contact/Potential Exposure

In the past 14 days has your child:

- ☐ Had close contact (within 6 feet of an infected person for at least 15 minutes including brief encounters totaling at least 15 minutes in 24 hours) with a person with confirmed COVID-19: OR
- ☐ Had close contact (within 6 feet of an infected person for at least 15 minutes including brief encounters totaling at least 15 minutes in 24 hours) with person under quarantine for possible exposure to COVID-19

If the answer is **YES** to any of the questions in Section One, but **NO** to all the questions in Section Two, keep your child(ren) home from school until the following are fulfilled:

- ☐ for fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications
- ☐ for sore throat/ cough: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken)
- ☐ for diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
- for severe headache: improvement in headache

If the answer is **YES** to any of the questions in Section One **AND YES** to any of the questions in Section Two

Call your healthcare provider right away to get evaluated and tested for COVID-19. If you don't have one

or cannot be seen, go to [www.mi.gov/coronavirustest](http://www.mi.gov/coronavirustest) or call 2-1-1 to find a location to have your

child(ren) tested for COVID-19. ***(A "YES" to the first question in section two will require a 10-14-day quarantine regardless of symptoms or testing results.)***

If the answer is **NO** to all of the questions in Section One **AND YES** to the first question in Section Two, the student must quarantine for 10-14 days\*\* regardless of symptoms or testing results.

\*15 minutes does not have to be consecutive minutes.

\*\*A 14-day quarantine is ideal; however, it is permissible to quarantine for 10 days, and if well, return to school while monitoring for symptoms on days 11-14. The health department will notify you if a full 14-day quarantine is recommended.