

School Self-Screening Checklist

Please evaluate your child daily for the following symptoms before sending to school.

Screening Symptoms

These symptoms indicate a possible illness that may decrease students' ability to learn and put them at risk for spreading illness to others. For more information visit the [MDH Decision Tree](#).

If your child is experiencing **one (1)** of these symptoms listed below, they need to stay home for 10 days or until they test negative or receive an alternative diagnosis. Siblings also need to remain home for 14 days.

- NEW** onset cough or worsening cough (*for students with chronic/asthmatic cough, a change in their cough from baseline*)
- Difficulty breathing
- Temperature of 100.4° F or higher
- New loss of taste or smell

If your child is experiencing **two (2)** of these symptoms listed below, they need to stay home for 10 days or until they test negative or receive an alternative diagnosis. Siblings also need to remain home for 14 days.

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| <ul style="list-style-type: none"> <input type="checkbox"/> Chills <input type="checkbox"/> Sore throat <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <ul style="list-style-type: none"> <input type="checkbox"/> Excessive Fatigue <input type="checkbox"/> New onset of nasal congestion or runny nose <input type="checkbox"/> New onset of severe headache <input type="checkbox"/> Body aches / muscle pain |
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If your child has been in close contact with someone who tested positive or has a family member who is being tested, they need to stay home for 14 days.

If your child is experiencing any of these symptoms as defined above, has been a close contact, has had a positive COVID-19 test, or has a family member with any of the above symptoms call the attendance line at (763) 241-3555 and list the specific symptoms that your child is experiencing.