

Symptom Dismissal Guidelines

Date: _____

Student Name: _____

Staff who assessed student (Please circle): **Allysa Mosher, RN**

Jenny Swisher

Cheryl Shumaker

Substitute Licensed Nurse:

Other:

If you are experiencing 3 or more of the following symptoms:

- ☐ Fever/Chills
- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ Muscle or body aches
- ☐ Fatigue
- ☐ Headache
- ☐ New loss of taste or smell
- ☐ Sore throat
- ☐ Congestion or runny nose
- ☐ Nausea or vomiting
- ☐ Diarrhea

You are to go home and monitor your symptoms for the remainder of the school day. If your symptoms do not improve by the next school day, please stay home until you feel better.

If you experience the following symptoms please call 911 and seek immediate medical care:

- ☐ Trouble breathing
- ☐ Persistent pain or pressure in the chest
- ☐ New confusion
- ☐ Inability to wake or stay awake
- ☐ Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

For more information on Covid-19 please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>