

GCASD Symptom Screening Tool

Complete Daily Prior to School/Work*

Employee or Student Name:

Temperature:

Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

Are you/is the student experiencing any of the following?

Group A 1 or more symptoms	Group B 2 or more symptoms
Fever (100.4 or higher) Cough Shortness of breath Difficulty breathing New olfactory disorder New taste disorder	Chills Rigors Myalgia Headache Sore throat Nausea or vomiting Diarrhea Fatigue Congestion or runny nose

Stay home if, you or the student:

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