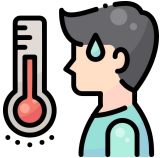




SAU 19 Parent/Guardian COVID-19 Screening Checklist

Every morning before you send your student to school, please check the following:

1. In the last 48 hours, has your student experienced, or does he or she have, any of the following symptoms?



Fever $\geq 100^\circ$
or chills



Cough (especially new
onset, uncontrolled cough)



Shortness of Breath or
Difficulty Breathing



New Loss of Taste
or Smell



Sore Throat



Congestion or
Runny Nose



Diarrhea, Vomiting, Nausea,
or Abdominal Pain



Muscle or Body Aches or
Fatigue



Headache (particularly new
onset or severe headache)

- 2. Was your student in close contact (within 6 feet for more than 10 minutes) with anyone confirmed with COVID-19 within the last two weeks?**
- 3. Has your student traveled outside of New England (NH, ME, MA, CT, RI or VT) in the last 14 days? This applies to private and/or public transportation.**

A YES for Question 1 and/or 2: DO NOT send your child to school, stay home, and contact your healthcare provider.

A YES for Question 3: Requires self-quarantine for 14 days upon the return to New Hampshire.

***Please note any student that develops any of the above symptoms during the school day will have a parent/guardian contacted immediately and will be dismissed with instructions to follow up with a healthcare provider.**

***If your child has a medical condition that may mimic symptoms of COVID-19, please work with your healthcare provider to obtain documentation for the school health office as soon as possible.**