

Banta School District is committed to keeping our community safe during the current COVID 19 pandemic. We ask that before your child/children enters one of our school sites, you please ask these self-screening questions to keep everyone safe. This form is for your own use, and does not need to be turned into any school site.

1. Does your child have any of the following symptoms:

- | | | |
|--|-----|----|
| a. Fever of 100.4 degrees or higher | Yes | No |
| Current Temperature:_____ | | |
| b. Cough* | Yes | No |
| c. Sore throat | Yes | No |
| d. Chills or uncontrollable body shaking because of chills | Yes | No |
| e. New loss of taste or smell | Yes | No |
| f. Shortness of breath or difficulty breathing* | Yes | No |
| g. Runny nose or congestion* | Yes | No |
| h. Fatigue* | Yes | No |
| i. Headache, muscle aches, or body aches* | Yes | No |
| j. Nausea or vomiting* | Yes | No |
| k. Diarrhea* | Yes | No |

* = unexplained and unrelated to existing seasonal allergies or underlying chronic condition

2. In the last 10 days has your child been tested positive for COVID 19? Yes No

3. In the last 14 days has your child...

- | | | |
|--|-----|----|
| a. been in close contact** with someone who has been diagnosed with COVID-19 | Yes | No |
| b. lived with someone who has tested positive for COVID 19? | Yes | No |
| c. been in close contact** with someone who has been told by a health care provider to be tested for COVID-19 in the past 14 days? | Yes | No |

**= less than 6 feet for 15 minutes or more

Any “yes” answer to the above questions please do the following:

- 1) Contact your school site and inform them that your child will be absent due to questions on the self-screener
- 2) Reference attached What Now Flow Chart
- 3) If your child tests positive for COVID-19, please contact Jessica Red, RN, District Nurse at (209) 229-4650. Feel free to leave a secure voicemail message.

Thank you for your understanding and cooperation during this most important time.