

Student Self-Screening Sheet

Screen your child(ren) before leaving for school or sending them to school. These symptoms may indicate a possible illness that may decrease your child's ability to learn and put them at risk for spreading illness to others.

Section 1: Symptoms

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Section 2: Close Contact/Potential Exposure

In the past 14 days has your child(ren):

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR
- Traveled to or lives in an area with a high level of transmission of COVID-19

If the answer is **YES** to any of the **symptom** questions, keep your child(ren) home from school.

If the answer is **YES** to any symptom question and **YES** to any close contact/potential exposure question, call the school as soon as possible to let them know the reason your child(ren) won't be there today. Call your healthcare provider right away. If you don't have one or cannot be seen, go to www.mi.gov/coronavirustest or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

If the answer is **YES** to any of the symptom questions, but **NO** to all close contact/potential exposure questions, your student may return based on the guidance for their symptoms (see [Managing Communicable Diseases in Schools](#)):

- **Fever:** at least 24 hours have passed with no fever, without the use of fever-reducing medications
- **Sore throat:** improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- **Cough/Shortness of breath:** improvement
- **Diarrhea, vomiting, abdominal pain:** no diarrhea or vomiting for 24 hours
- **Severe headache:** improvement

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.

Source: Centers for Disease Control and Prevention; [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#)

How to handle symptoms and household exposures for students



Student has symptom(s) (new/different/worse from baseline of any chronic illness):

- Temperature of 100.4 or signs of fever (chills/sweating)
- Sore throat
- Uncontrolled cough that causes difficulty breathing
- Diarrhea, vomiting, or abdominal pain
- Severe headache

Exclude student from school

Student **diagnosed** with COVID-19 OR **no diagnosis** is available.

Refer to healthcare provider or COVID-19 testing location for possible testing.

Yes

Screen for close contact or potential exposure risk within last 14 days.

- Student had close contact with a person with confirmed COVID-19.
- Student traveled to or lives in an area with a high level of COVID-19 transmission

Student has **negative** test results.

Student had close contact with confirmed COVID-19 within last 14 days.

Home Isolation until:

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Symptoms have improved

Yes

Finish Quarantine

No

Student may return based on this guidance for their symptoms

- **Fever:** at least 24 hours have passed with no fever without the use of fever-reducing medications
- **Sore throat:** improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken)
- **Cough/Shortness of breath:** improvement
- **Diarrhea, vomiting, abdominal pain:** no diarrhea or vomiting for 24 hours
- **Severe headache:** improvement

No