

# Clarion-Limestone Area School District

4091 C-L School Road  
Strattanville, PA 16258  
Business Office/Superintendent  
Phone: 814-764-5111  
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High School  
Phone: 814-764-5111  
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Elementary  
Phone: 814-764-6006  
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Complete Daily Prior to School/Work\*

Employee or Student Name:

Assigned Class/Group:

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?

<b>Group A</b> <b>1 or more symptoms</b>	<b>Group B</b> <b>2 or more symptoms</b>
Cough Shortness of breath Difficulty breathing New olfactory disorder New taste disorder	Fever (measured or subjective) 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.

*\*May be utilized as a screening tool for both at home and on-site screening practices.*



# PARENT SCREENING TOOL

Start here

Is your child ill with ONE of the following?

fever of 100.4 or higher  
new or worsening cough  
shortness of breath  
difficulty breathing

OR

taken fever reducing medication in the last 24 hours?

YES

Stay home.  
Notify the school.  
Consult your physician.  
Rest and recover if ill.  
Access home learning.

NO

Is your child ill with any TWO of the following?

sore throat  
runny nose  
chills  
lack of smell or taste  
muscle pain  
nausea/vomiting  
headache  
diarrhea

NO

Has your child had direct contact with someone who has Covid19?

NO

Report to school as normal.

YES

Stay home.  
Notify the school.  
Consult your physician.  
Access home learning.  
Await additional guidance.

YES

Has your child had direct contact with someone who has Covid19?

YES

Return to school when:  
It has been 10 days since first symptoms appeared, **AND**  
your child has been fever free for 24 hours without the use of medication, **AND**  
symptoms have improved.  
Student to report directly to nurse.

NO

Return to school when:

If not tested, stay home for 10 days from symptom onset **AND** at least 24 hours after fever resolution **AND** respiratory symptoms have improved

OR

If clinically cleared by primary medical doctor, certified school nurse or other health care provider stay home until fever free for 24 hours **AND** symptoms have improved

OR

If a COVID19 test is negative, stay home until fever free for 24 hours **AND** respiratory symptoms have improved

Student to report directly to nurse.

For questions or concerns please contact the school nurse.

Created by the Beaver County School Nurse Association. Decision chart based on CDC and PA DOH guidelines.