



Instructions: Sent home with COVID-19-like symptoms

NAME: _____ Grade: _____ Date: _____

Your child is being sent home from school today due to the following symptoms:

HIGH RISK	LOW RISK
<ul style="list-style-type: none"> <input type="radio"/> New cough <input type="radio"/> Difficulty breathing <input type="radio"/> Loss of taste/smell <p><small>*High risk and low risk symptoms were copied from the Stark County Health Department flow chart for: When should someone be sent home for COVID-19 like symptoms?</small></p>	<ul style="list-style-type: none"> <input type="radio"/> Fever greater than 100.0 temp: _____ <input type="radio"/> Congestion/Runny nose <input type="radio"/> Nausea/Vomiting/Diarrhea <input type="radio"/> Abdominal pain <input type="radio"/> Sore throat <input type="radio"/> Headache <input type="radio"/> Tiredness/muscle or body aches

Additional symptoms: _____

Per the Stark County Health Department’s guidelines, if your child presents with **ONE HIGH RISK symptom or TWO or MORE LOW RISK** symptoms consistent with COVID-19, he or she should be presumed to have COVID-19. The health department recommends if COVID-19 is suspected, the entire household should stay home until the individual with symptoms meets return to school criteria.

Your student may return to school if he or she meets ONE of the following criteria:

- a healthcare provider determines the illness is caused by something else and provides a note to return to school
- the child is tested for COVID-19 and has proof of negative results
- the child stays home for 10 days and is fever-free for 24 hours without the use of fever-reducing medications.

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This list is not all inclusive. Please consult your healthcare provider for any other severe or concerning symptoms.