

# FRONTIER CENTRAL SCHOOL DISTRICT

## Student COVID Screening Assessment Document

The following is a current list of COVID-19 symptoms that have been identified by the Center for Disease Control and Prevention (CDC):

*Fever, Headache, Chills, New loss of taste or smell, Cough, Sore throat, Shortness of breath or difficulty breathing, Congestion or runny nose, Fatigue, Nausea or vomiting, Muscle or body aches, Diarrhea*

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- 1) Have you experienced any COVID-19 related symptoms in the past 48 hours?  
**Yes**                      **No**
- 2) Have you tested positive for COVID-19 in the past 10 days?  
**Yes**                      **No**
- 3) Have you been in close contact with a confirmed or suspected COVID-19 case in the past 10 days?  
**Yes**                      **No**
- 4) Travel questions:
  - A. In the past 10 days, have you traveled **outside** the United States?  
**Yes**                      **No**
  - B. If yes, have you completed quarantine as required by the NYSDOH/ECDOH (see link for details):  
<https://coronavirus.health.ny.gov/travel-large-gatherings-and-quarantines>
    - Quarantined for 10 days upon return to NYS
    - Quarantined for 7 days and completed a COVID test 3-5 days after travel**Yes**                      **No**

\*\*Guidance subject to change. Please check NYSDOH and ECDOH websites and be informed\*\*

<https://coronavirus.health.ny.gov/home>  
<https://www2.erie.gov/health/index.php?q=coronavirus>

*If you answer Yes to items 1, 2 or 3 do not send your child to school.  
Additionally, if you answer Yes to 4A and No to 4B do not send your child to school.  
Please contact your School Nurse.*

**Please contact your medical provider for guidance.**

Please let your child know if they begin to experience any of the symptoms while in school, they should immediately report to the Nurses office.