

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

****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.
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.