



Student Screening Survey

To help prevent the spread of COVID-19, parents/guardians should complete the Student Screening Survey on a daily basis prior to your child getting on the school bus or entering any Harrisburg School District school or the Lincoln Administration Building.

1. **Has the student had physical exposure to a person suffering from Coronavirus symptoms as noted below?**
2. **Is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?**
3. **Is the student experiencing any of the symptoms listed below?**

Group 1 1 or more symptoms	Group 2 2 or more symptoms
<ul style="list-style-type: none"> ▪ Cough ▪ Shortness of breath ▪ Difficulty breathing ▪ Loss of taste or smell 	<ul style="list-style-type: none"> Fever Chills Muscle/body aches Headache Sore throat Nausea or vomiting Diarrhea Fatigue Congestion or runny nose

STAY HOME IF THE STUDENT:

**Has one or more symptoms in Group 1 OR
Has two or more symptoms in Group 2 OR
Is taking fever reducing medication.**

If the answer to any of the above questions is YES: Stay home. Contact your child's school to report them absent. Provide an absentee note, signed by a guardian, upon your child's return to school.

If the answer to all the above questions is NO: Attend school. Adhere to HBGSD guidance regarding your child's school schedule and any special precautions to be taken.

For questions, please contact your child's school office. For medical questions, contact your child's healthcare provider. Thank you.