

# COVID-19 Pre K-12 Symptoms Screening Tool

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

**SYMPTOMS** \*This form can be filled out by a parent or teen at home

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS?	YES	NO
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		
RUNNY NOSE OR STUFFY NOSE		
FATIGUE		
RECENT LOSS OF TASTE OR SMELL		

## DO NOT ENTER THE SCHOOL IF:

**You have any of the symptoms above and cannot explain your symptoms as another illness that has been documented by a healthcare provider, whether or not you're vaccinated.**

- If you have symptoms of COVID-19, isolate at home, call your healthcare provider, and get a COVID-19 test.

**You have been in close contact with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days.**

- **Unvaccinated people** must follow testing and quarantine guidance posted at [covid.ri.gov/whattodo](https://covid.ri.gov/whattodo)
- **Vaccinated people** should be tested 3 to 5 days after exposure even if not having symptoms.

## YOU MAY ENTER THE SCHOOL IF:

**You have been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days and your quarantine or isolation period has ended.**

**You are fully vaccinated against COVID-19, you do not have symptoms, and you have not been in close contact with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days.**

- You're fully vaccinated if you've gotten all recommended doses of a COVID-19 vaccine authorized by the United States (US) Food and Drug Administration (FDA) or World Health Organization (WHO) and more than 14 days have passed since the final dose.

- Learn more about quarantine and isolation at [covid.ri.gov/whattodo](https://covid.ri.gov/whattodo)
- Learn more about testing at [covid.ri.gov/testing](https://covid.ri.gov/testing)

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