

Daily Screening Questions

If your student can accurately answer "no" to the following questions, then proceed to school.

Do you have any of the following symptoms (in the last 24 hours) that are not caused by another condition? Fever (100.4F) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, recent loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?

Have you been in close contact with anyone with confirmed COVID-19?

Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?

Within the past 14 days, has a public health or medical professional told you to self-monitor, self isolate, or self-quarantine because of concerns about COVID-19 infection?

If your student is unable to answer "no" to the questions above, **your child needs to stay home until all answers are "no"**. Please contact your student's school for additional guidance.

**Thanks for helping
keep our schools
healthy!**



**BAINBRIDGE
ISLAND**

SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS, STRONG COMMUNITY

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