

# 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: fever (100.4F) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?

Is anyone in your household displaying the symptoms listed above?

Have you been in close contact with anyone who has suspected or confirmed COVID-19?

Have you taken any medication to reduce a fever before going to school?

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 health room for additional guidance.

**Thanks for doing your part to help keep our schools healthy!**



**BAINBRIDGE  
ISLAND**

SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS, STRONG COMMUNITY