

COVID-19 Symptom Tracker For Health Offices

STUDENTS NAME _____ DATE _____

GRADE _____ SCHOOL _____

Date symptoms started: _____ Return Date: _____

Type A symptoms are the more common symptoms that can occur with COVID-19

Type B symptoms are less likely to indicate COVID-19.

Type A Symptoms	Type B Symptoms*
<p><input type="checkbox"/> Fever of 100 or greater</p> <p><input type="checkbox"/> New uncontrolled cough</p> <p><input type="checkbox"/> Shortness of breath/difficulty breathing</p> <p><input type="checkbox"/> Sore throat</p> <p><input type="checkbox"/> Extreme Fatigue</p> <p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Loss of taste or smell</p> <p><input type="checkbox"/> Severe headache</p>	<p><input type="checkbox"/> Minor Headache</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Nasal Congestion/runny nose</p> <p><input type="checkbox"/> Diarrhea</p> <p>Do students have pre-existing conditions? (allergies, asthma, chronic headache etc.)</p>
<p>If any of these symptoms are check marked please tell parents that "The student can return when they are symptom free for 72 hours with a Dr. note of an alternate diagnosis, otherwise they will stay home 10 days."</p>	<p>If any of these symptoms are check marked please tell parents that "The student can return when they are symptom free for 72 hours."</p> <ul style="list-style-type: none">If symptoms are not COVID related, they may come back sooner.

Temperature check _____

Other symptom Information:

METROPOLITAN SCHOOL DISTRICT OF STEUBEN COUNTY

400 SOUTH MARTHA STREET * ANGOLA, INDIANA 46703 * 260.665.28548 * FAX: 260.665.9155 *
www.mssteuben.k12.in.us

Close Contact Quarantine Guidelines

Dear parents/guardians,

You are receiving this letter because your child is being sent home as a close contact to a positive individual here at school. This means your child was within 6 feet for 15 cumulative minutes to an individual that tested positive for COVID-19.

Quarantine Length and Monitoring

- Quarantine is 14 days from the last contact with the positive case. *(see 10 day return criteria policy below)
- Monitor your child's symptoms daily, looking for any signs of illness. (Fever, cough, sore throat, severe headache, chills, and any other symptoms).
- Have your child keep their distance from other members of the household and practice good handwashing.
- Have them wear a mask if they must be close to other members of the household.
- If your child has symptoms of COVID, testing is recommended.
- A negative COVID test will not bring your child back any sooner from quarantine.

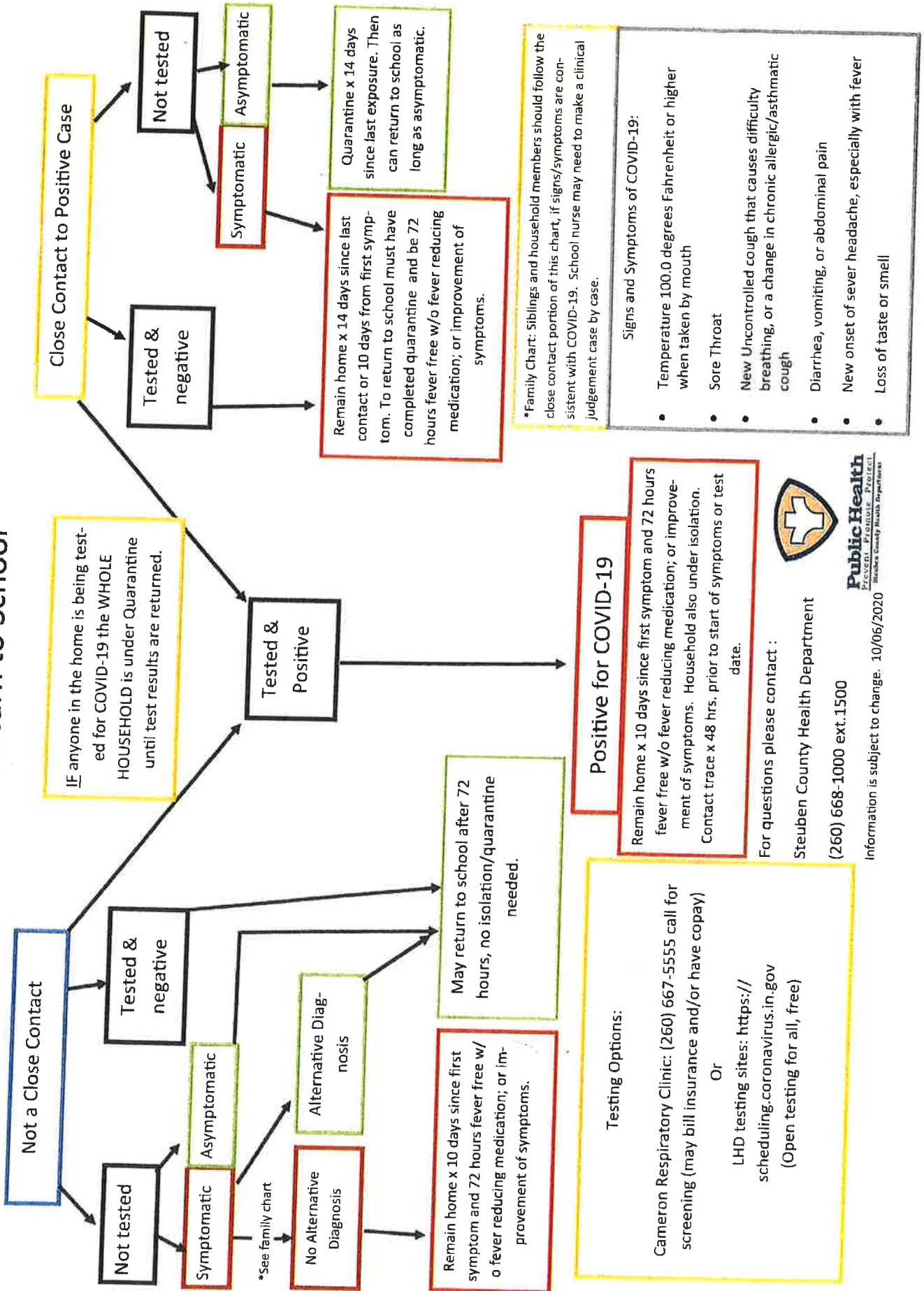
***10 Day Return Policy Criteria- Student must meet all the criteria to return early**

- If your child has remained **symptom free for 10 full days** of the quarantine, **AND** your child does not live with anyone that tested positive for COVID-19 during the 10 days, then they may return after 10 full days of quarantine.
- Please call the school on day 10 to inform them that your child will be returning the next day to school.

Thank you for your understanding,

Jenny Adkins RN- MSD Steuben District Nurse

Return to School



IF anyone in the home is being tested for COVID-19 the WHOLE HOUSEHOLD is under Quarantine until test results are returned.

Tested & Positive

Positive for COVID-19
 Remain home x 10 days since first symptom and 72 hours fever free w/o fever reducing medication; or improvement of symptoms. Household also under isolation. Contact trace x 48 hrs. prior to start of symptoms or test date.
 For questions please contact :
 Steuben County Health Department
 (260) 668-1000 ext.1500

Testing Options:
 Cameron Respiratory Clinic: (260) 667-5555 call for screening (may bill insurance and/or have copy)
 Or
 LHD testing sites: <https://scheduling.coronavirus.in.gov>
 (Open testing for all, free)

*Family Chart: Siblings and household members should follow the close contact portion of this chart, if signs/symptoms are consistent with COVID-19. School nurse may need to make a clinical judgement case by case.

- Signs and Symptoms of COVID-19:
- Temperature 100.0 degrees Fahrenheit or higher when taken by mouth
 - Sore Throat
 - New Uncontrolled cough that causes difficulty breathing, or a change in chronic allergic/asthmatic cough
 - Diarrhea, vomiting, or abdominal pain
 - New onset of severe headache, especially with fever
 - Loss of taste or smell



Public Health
 PREVENT • PROMOTE • PROTECT
 Steuben County Health Department

Information is subject to change. 10/06/2020