

Hampton Township School District



DAILY SYMPTOM SCREENING

Please use the following information when trying to determine when to keep your child home from school. We appreciate your cooperation in keeping our schools safe.

Column A	Column B
<ul style="list-style-type: none">• Cough• Shortness of breath• Difficulty breathing• New loss of smell• New loss of taste• Temperature >100.0 F• Nausea, vomiting, or diarrhea (may or may not be COVID related)	<ul style="list-style-type: none">• Chills• Rigor (feeling cold and shivering)• Myalgia (muscle pain or aches)• Headache• Sore throat• Congestion or runny nose• Fatigue

Your student must stay home if they have ANY of the following:

- One or more symptoms from column A
- Two or more symptoms from column B
- Are taking fever reducing medications (Tylenol, Advil, etc.)
- Have had close contact (within 6 feet for a total of 15 minutes or longer) to a person who has tested positive for COVID-19, is presumed positive, or is awaiting test results
- Are being tested for COVID-19 OR are awaiting test results