



## CDS Student Screening Survey

Survey to be completed daily prior to getting on district transportation or entering a CDS school building.

1. Are you taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?
2. Have you experienced a new onset of any of the symptoms listed below?

Group 1 1 or more symptoms	Group 2 2 or more symptoms
Cough Shortness of breath Difficulty breathing New olfactory disorder New taste disorder	Fever Chills Rigors Myalgia Headache Sore throat Nausea or vomiting Diarrhea Fatigue Congestion or runny nose

**Stay home if you:**

**Have one or more symptoms in Group 1 OR  
Have two or more symptoms in Group 2 OR  
Are taking fever reducing medication.**

**If the answer to any of the above questions is YES:** Stay home. Contact your child's school to report them absent. Provide an absentee note, signed by a guardian, upon your child's return to school.

**If the answer to all the above questions is NO:** Attend school. Adhere to CDS guidance regarding your child's school schedule and any special precautions to be taken.