



## CDS Student Screening Survey

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

1. Has the student had physical exposure to a person suffering from Coronavirus symptoms as noted below?
2. Is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?
3. Is the student experiencing any of the symptoms listed below?

| Group 1<br>1 or more symptoms   | Group 2<br>2 or more symptoms   |
|---|---|
| Fever (100.4 or higher)<br>Cough<br>Shortness of breath<br>Difficulty breathing | Sore throat<br>Runny nose/congestion<br>Chills<br>New lack of smell or taste<br>Muscle pain<br>Nausea or Vomiting<br>Headache<br>Diarrhea |

**Stay home if the student:**

**Has one or more symptoms in Group 1 OR  
Has two or more symptoms in Group 2 OR  
Is 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.