

**GETTYSBURG AREA SCHOOL DISTRICT  
COVID-19 SCREENING TOOL**



PARENTS AND GUARDIANS ARE  
*REQUIRED* TO COMPLETE THIS DAILY  
COVID-19 SCREENING *PRIOR* TO  
CHILDREN ARRIVING AT SCHOOL.  
**BEGIN THE SCREENING BY TAKING**  
**YOUR CHILD'S TEMPERATURE.**



**GROUP A: 1 OR MORE SYMPTOMS**

FEVER 100°F OR ABOVE  
COUGH  
SHORTNESS OF BREATH  
VOMITING  
CHANGE IN SENSE OF SMELL  
CHANGE IN SENSE OF TASTE  
DIFFICULTY BREATHING



**GROUP B: 2 OR MORE SYMPTOMS**

SORE THROAT  
HEADACHE  
DIARRHEA  
NAUSEA  
CHILLS/RIGORS  
CONGESTION/RUNNY NOSE  
FATIGUE



**STAY HOME IF YOUR CHILD**

**HAVE ONE OR MORE SYMPTOMS  
IN GROUP A OR**  
**HAVE TWO OR MORE SYMPTOMS  
IN GROUP B OR**  
**ARE TAKING FEVER-REDUCING  
MEDICATION**