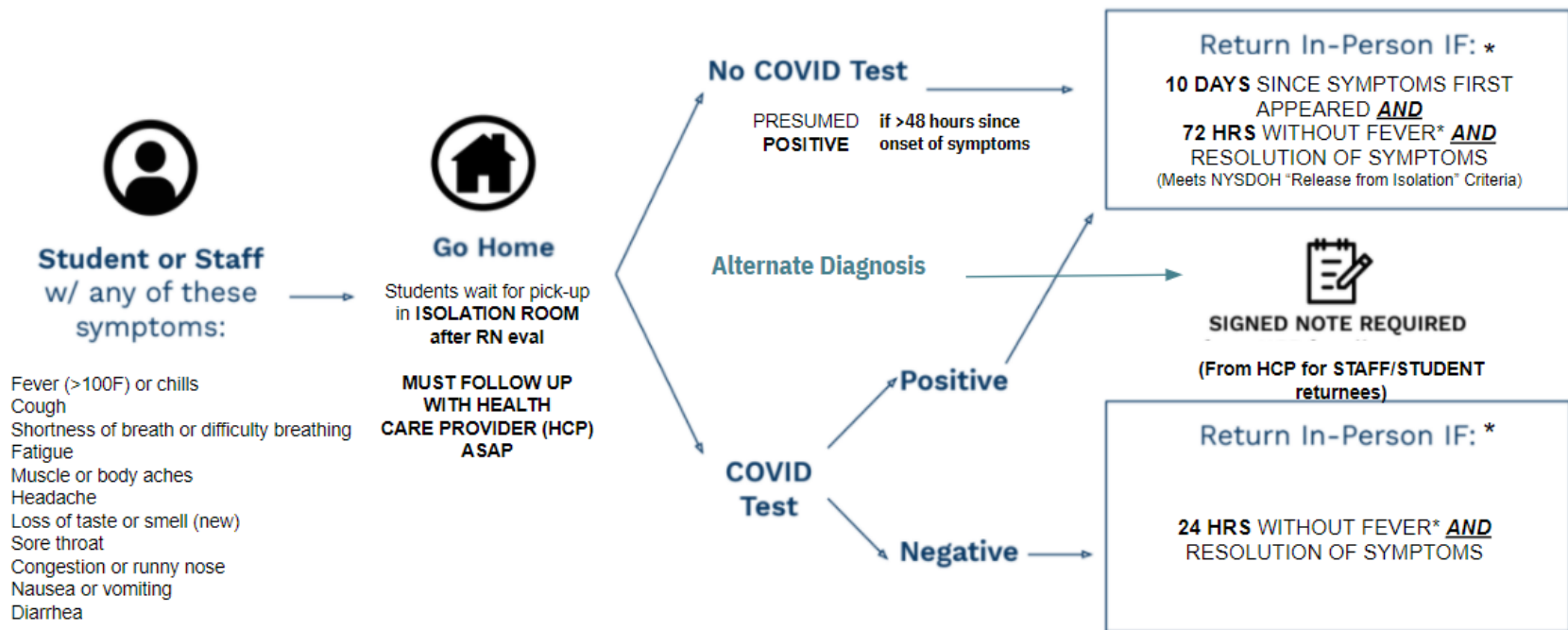


STAY HOME and DO NOT REPORT TO SCHOOL *if you have one or more of the following:*

- Any COVID-19 symptoms (listed below) in the past 10 days
- Any known contact with someone who has COVID-19 in last 14 days
- A positive COVID-19 test result in the past 10 days
- Any foreign travel or travel from a high risk state, as identified by New York State, within 14 days

Notify you school administrator/supervisor by answering the Health Screening Questionnaire administrator, a school nurse will contact you for additional details

Screening Flow Chart for Symptomatic Students/Staff at School



*WITHOUT FEVER = no use of fever-reducing medication