

## ADULT STUDENT

**20-21 Mifflin County Academy of Science and Technology  
COVID-19 Daily Symptom Checklist**

**REVIEW this COVID-19 Daily Symptom Checklist EACH DAY prior to arrival.**

1. Do you have a fever (temperature of 100.0<sup>o</sup> F or greater) without having taken any fever reducing medications? **YES or NO**
2. Are you taking any medication to treat or reduce a fever such as Ibuprofen (Motrin, Advil) or Acetaminophen (Tylenol)? **YES or NO**
3. Have you been exposed to or in \*close contact with someone diagnosed with COVID-19 or placed in quarantine for possible contact with COVID-19? **YES or NO**

*\*Close Contact: Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient of COVID-19 is isolated, or having contact with infectious secretions of a COVID-19 case (i.e. being coughed on).*

**STOP: If YES to any of these questions = STAY HOME**

***Are you experiencing any of the following?***

Group A	Group B
<input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> New olfactory disorder (loss of smell) <input type="checkbox"/> New taste disorder (loss of taste)	<input type="checkbox"/> Fever (100.0 <sup>o</sup> F or greater) _____ <input type="checkbox"/> Chills <input type="checkbox"/> Rigors (shivering) <input type="checkbox"/> Myalgia (muscle pain) <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue <input type="checkbox"/> Congestion or runny nose

**Stay home if: One or more symptoms in Group A OR Two or more symptoms in Group B**

**To return to class, you must follow the attached "COVID-19 Related Guidelines for Returning to School" form.**

## ADULT STUDENT

## 20-21 Mifflin County Academy of Science and Technology COVID-19 Related Guidelines for Returning to School

### Must be Completed Prior to Returning to The Academy

#### SITUATION IS DETERMINED TO BE UNRELATED TO COVID-19

**Ensure ALL of the following steps are completed before returning to school:**

- No known exposure to person with COVID-19 diagnosis
- Symptoms:
  - \_\_\_\_\_ Exhibited no symptoms **OR**
  - \_\_\_\_\_ Symptom improvement or resolution for 24-hour period **OR**
  - \_\_\_\_\_ \*Alternative diagnosis has been determined by a licensed healthcare provider
- Fever-free for at least 24 hours without the use of fever-reducing medication
- \*Provided physician excuse to main office upon school arrival. (If Applicable)

#### SITUATION IS RELATED TO A STUDENT OR SOMEONE IN CLOSE CONTACT WITH THE STUDENT WHO WAS TESTED FOR COVID 19

**Ensure ALL of the following steps are completed before returning to school:**

- Consulted with Licensed Healthcare Provider (LHP) or Department of Health (DOH)
- Notified Academy Health Room Aide: *Kim Walters, (717)-248-3933 Ext. 5605*
  - \_\_\_\_\_ Of COVID-19 test result of student (Positive) **AND** completion of quarantine guidelines per LHP or DOH **OR**
  - \_\_\_\_\_ Of COVID-19 test result of student (Negative) **AND** completion of quarantine guidelines per LHP or DOH **OR**
  - \_\_\_\_\_ Of completion of quarantine requirement due to a close contact being tested
- Notified Supervisor of Adult and Post-Secondary Education: Mike McMonigal (717)-248-3933 Ext. 5831
- Provided medical excuse to the main office upon arrival to school when released by the Department of Health or licensed healthcare provider**

Student Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**To be completed by Academy Office Staff**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_