

COVID-19 Screening - Soto Academy

COVID-19 Screening Questions

Section 1: Symptoms

The following symptoms may indicate a possible illness that may be a safety concern to others.

Any boxes checked means that you will not be allowed to enter school or you will be sent home.

You should contact your primary care physician and follow his/her recommendation. If cleared by the doctor, you may return to school if symptom free for 24 hours without fever reducing medications.

Check ALL that apply

- Temperature 100°F or higher
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with allergies/asthmatic cough, a change in their cough from baseline)
- New loss of smell or taste
- Diarrhea, vomiting, or abdominal pain
- New onset of headache
- Experiencing unusual fatigue

Section 2: Close Contact/Potential Exposure

Any boxes checked means that you will not be allowed to enter school or you will be sent home.

You should contact your primary care physician. You will be required to stay off campus until your primary care physician provides a note clearing your return.

Check ALL that apply

- Been in close contact with someone who has tested positive for COVID19
- Took a COVID19 test and are waiting for results
- Lives in a household in which you can answer YES to either of the above