

**2** OF THE FOLLOWING:  
 HEADACHE  
 BODY ACHES  
 CHILLS  
 SORE THROAT  
 NAUSEA  
 VOMITING  
 DIARRHEA  
 SEVERE congestion/runny nose that inhibits mask wearing

**OR**

**1** OF THE FOLLOWING:  
 FEVER  
 NEW COUGH  
 SHORTNESS OF BREATH  
 DIFFICULTY BREATHING  
 LOSS OF TASTE/SMELL

Parents keep home or student sent to nurse for evaluation.

Has the individual had close contact with a COVID-19 case in the last 14 days?

Has a COVID-19 test been done recently?

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Results?

Results?

Isolate for 10 days from symptom onset.

Start Contact Tracing.

Isolate & wait for results.

Isolate until 24 hours fever free without use of medications & symptoms have improved.

Obtain release by a healthcare provider to return to school.

Quarantine for 14 days since last exposure.

No

No

Yes

Pending

Yes

Positive

Positive

Yes

No

Negative

Negative/Pending

or