Advent greetings!

Thank you for your continued partnership as we strive to meet the challenges of keeping students in school as much as possible during the COVID-19 pandemic. As preschool-8th grade students return to school tomorrow – and when our high school students return on December 9 – please be considerate of others by doing a thorough risk assessment as shown below (Source: Grand Traverse County Health Department). This tool is for self-screening purposes only and we do not need you to formally submit your responses.

P.S. Tomorrow, we will also resume our practice of sending a ParentAlert text reminder regarding our daily online symptom screener. If you are not going to school on a particular day (due to quarantining, illness, or online learning), you do not need to complete the daily screening for that day.

For Students

The presence of any of the listed symptoms indicates a possible illness that may decrease your child's ability to learn and put them at risk for spreading illness to others.

Section One: Symptoms

☐ Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
Sore throat
☐ New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough change in their cough from baseline)
☐ Diarrhea, vomiting, or abdominal pain
☐ New onset of severe headache, especially with a fever
Section Two: Close Contact/Potential Exposure
n the past 14 days has your child:
☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed
☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine proposible exposure to COVID-19; OR
∃ Had a travel history

If the answer is YES to any of the questions in Section One AND YES to any of the questions in Section Two, call your healthcare provider right away to obtain evaluation and testing for COVID-19. If you don't have a healthcare provider or cannot be seen, go to www.mi.gov/coronavirustest or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

If the answer is YES to any of the questions in Section One, but NO to all the questions in Section Two, keep your child(ren) home from school., Your student may return based on the guidance for their symptoms (see "Managing Communicable Diseases in Schools"):

- Fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications
- Sore throat: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken):
- Cough/Shortness of breath: improvement
- Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
- Severe headache: improvement