



ADMINISTRATION BUILDING

Angus Elementary School
3180 Hein Drive
Sterling Heights, MI 48310
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Student Self-Screening Form

Screen your child(ren) before leaving for school or sending them to school. These symptoms may indicate a possible illness that may decrease your child's ability to learn and put them at risk for spreading illness to others.

Section 1: 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 or asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Section 2: Close Contact

In the past 14 days has your child(ren):

- Had close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) with a person who has tested positive for COVID-19.

If you answered "YES" in **Section 1** and "YES" in **Section 2** -

- Call the school as soon as possible to let them know the reason your child(ren) won't be there today is because of a possible COVID case;
- Call your healthcare provider right away. If you don't have one 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.
- Expect a follow up phone call from Jodi Duplay, WCS Pandemic Response Manager.

If you answered "YES" in **Section 1**, but "NO" in **Section 2**, your child(ren) may return based on the guidance below for their symptoms:

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

Thank you for your help in keeping our students and staff safe. Stay safe and be well.

Jodi Duplay
Pandemic Response Manager
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