

# Daily Before School Self-Screening

*In the last 48 hours, have you experienced any of the following symptoms?*

- Temperature greater than 100.0 degrees
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache

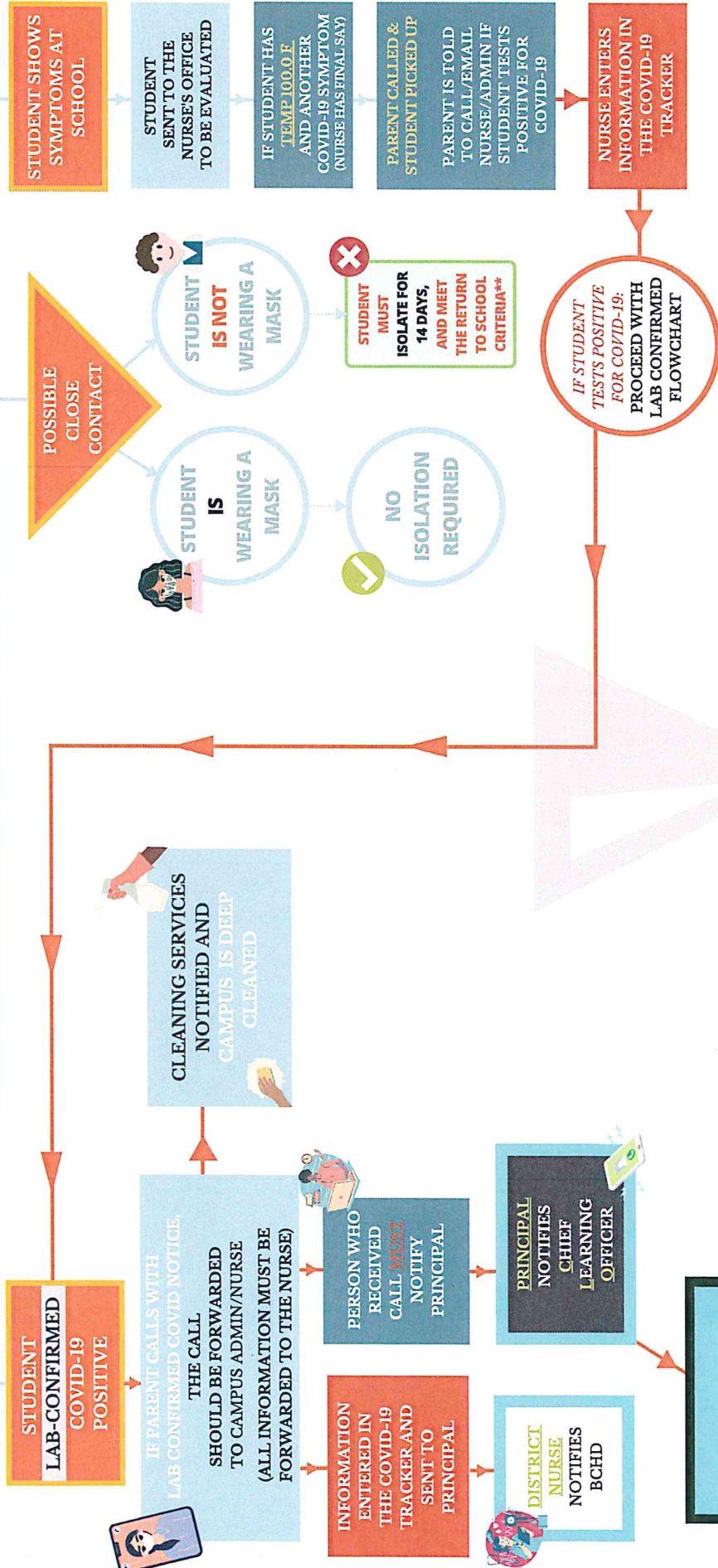
If you answered **YES** to ANY of these questions,  
**STOP!**  
Please call the office main line and do not enter our school

- Shaking or exaggerated breathing
- Sore throat
- Congestion or runny nose
- Chills
- Diarrhea
- Nausea or vomiting
- Significant muscle pain or ache



# KISD COVID-19 STUDENT FLOWCHART

## KISD STUDENT FLOWCHART EFFECTIVE UPON STUDENT RETURN



**\*\* RETURN -TO-SCHOOL CRITERIA**

24 hours with no fever;  
Symptoms improved; AND  
10 days since 1st symptom;

OR

Obtain an acute infection test that comes back negative for COVID-19;

OR

A doctor's note indicating an alternate diagnosis

