



BOARD OF HEALTH
BELMONT COUNTY GENERAL HEALTH DISTRICT

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www.BelmontCountyHealth.com

Have you had any of the following symptoms in the past 24 hours?

If yes on any **RED** question your child should not go to school. If at school they should be sent home immediately and not return until they have had 24 hours of no symptoms without the use of medications.

If yes to 2 or more of the **BLACK** questions, your child should not be sent to school. If already at school they should be sent home immediately and not return until 24 hours without symptoms without the use of medications.

Student's Name: _____ **Temperature:** _____

Parent/Guardian: _____ **Phone:** _____

Teacher: _____ **Grade:** _____

Date Left School: _____ **Date Returned:** _____ **Note:** **YES** **NO**

Fever > 100.4° (38°C)	Yes	No	Chills	Yes	No
Subjective fever (Felt Feverish)	Yes	No	Rigors	Yes	No
New loss of taste and smell	Yes	No	Muscle aches	Yes	No
Cough (new or worsening)*	Yes	No	Runny nose	Yes	No
Shortness of breath	Yes	No	Sore throat	Yes	No
Difficulty breathing	Yes	No	Headache	Yes	No
Chest pain	Yes	No	Fatigue	Yes	No
Nausea or vomiting	Yes	No	Cough (new or worsening)*	Yes	No
Diarrhea or loose stool > 24 hrs	Yes	No	Wheezing	Yes	No
Conjunctivitis (pink eye)	Yes	No	Abdominal pain	Yes	No

Notes: _____
