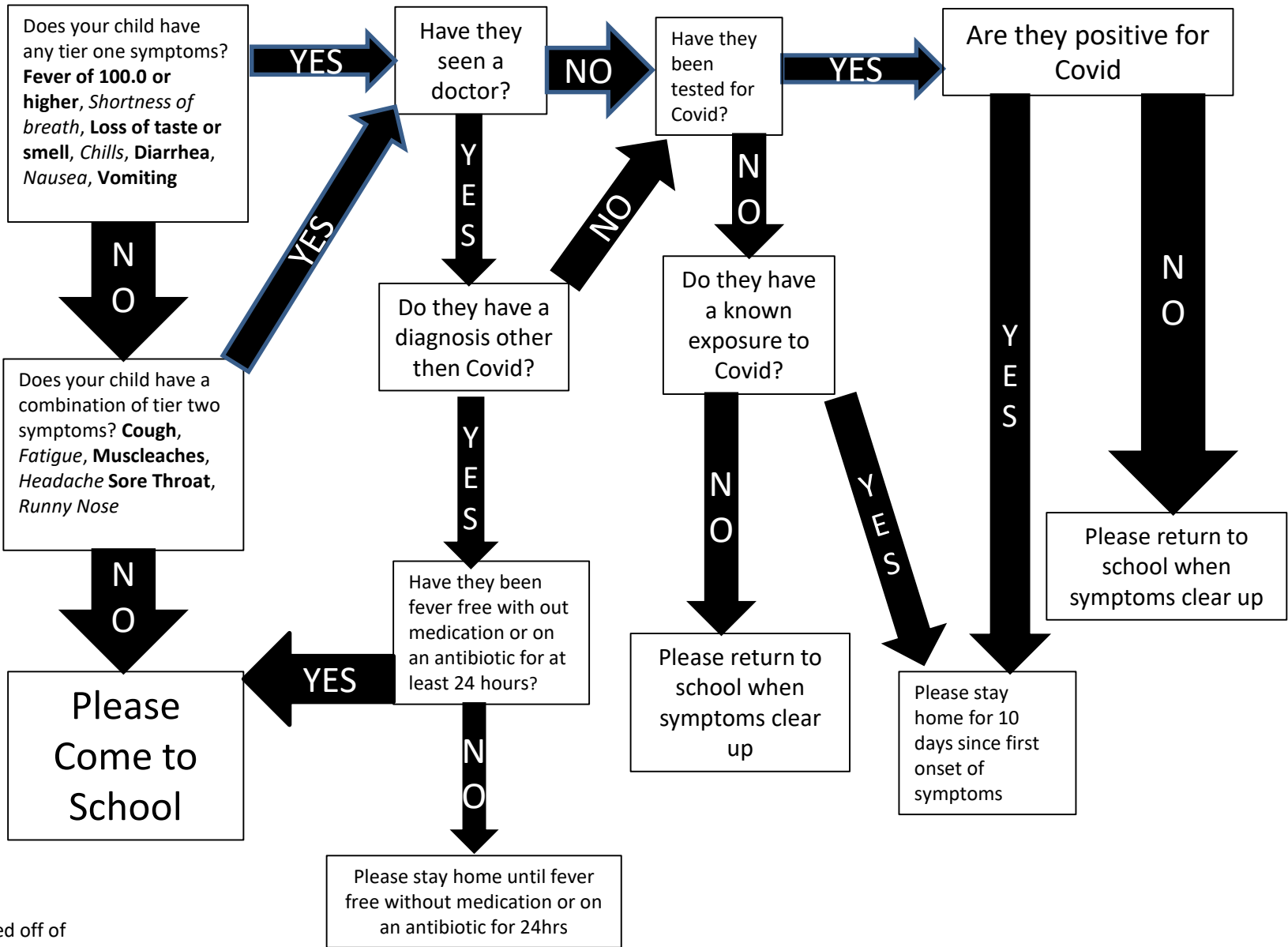


For a Student Feeling Sick

Start Here



Does your child have any tier one symptoms? **Fever of 100.0 or higher, Shortness of breath, Loss of taste or smell, Chills, Diarrhea, Nausea, Vomiting**

YES

Have they seen a doctor?

NO

Have they been tested for Covid?

YES

Are they positive for Covid

NO

Does your child have a combination of tier two symptoms? **Cough, Fatigue, Muscleaches, Headache Sore Throat, Runny Nose**

NO

Please Come to School

YES

Do they have a diagnosis other than Covid?

YES

YES

Have they been fever free with out medication or on an antibiotic for at least 24 hours?

NO

Please stay home until fever free without medication or on an antibiotic for 24hrs

NO

Do they have a known exposure to Covid?

NO

NO

Please return to school when symptoms clear up

YES

Please stay home for 10 days since first onset of symptoms

YES

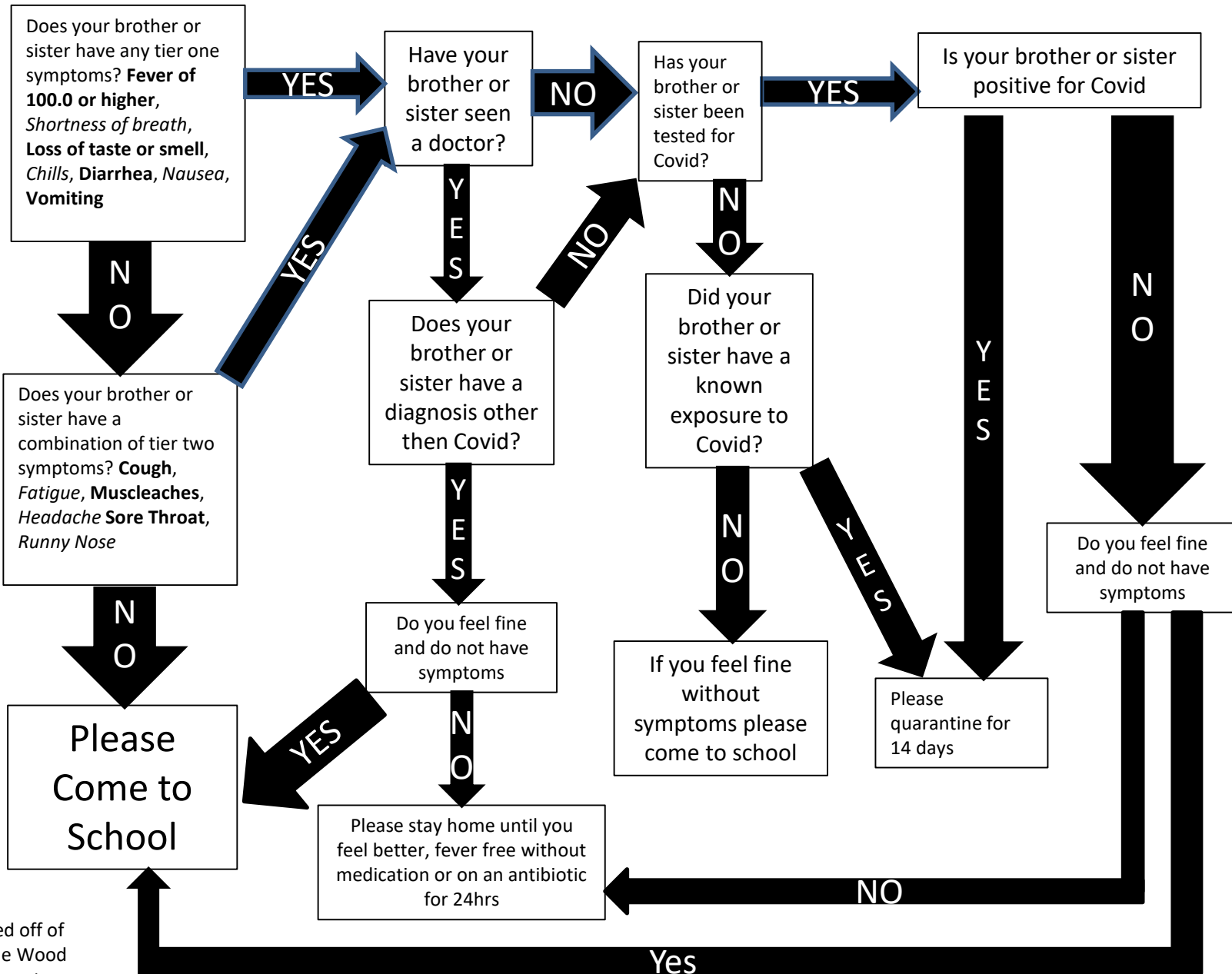
NO

Please return to school when symptoms clear up

This flow chart is based off of responses given by the Wood county health department

For Siblings of a Sick Student

Start Here



This flow chart is based off of responses given by the Wood county health department