

# CDT SYMPTOM SCREENING TOOL

*Please use this tool to determine if your child should stay at home.*

Are you/is the student experiencing any of the following?

<b>Group A</b> <b>1 or more symptoms</b>	<b>Group B</b> <b>2 or more symptoms</b>
Cough	Fever (measured or subjective)
Shortness of breath	Chills
Difficulty Breathing	Rigors
New olfactory disorder	Myalgia
New taste disorder	Headache
	Sore throat
	Nausea or vomiting
	Diarrhea
	Fatigue
	Congestion or runny nose

**Stay home if, you or the student:**

- Have one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking fever reducing medication.