

## STAFF/ADULTS

Staff/adults working in school with any of the following symptom (new/different/worse from baseline of any chronic illness) should be **excluded from work** and encouraged to follow up with their healthcare provider:

**ONE** of the following:

- Feverish
- Cough
- Shortness of breath

**OR TWO** of the following:

- Muscle aches without another explanation
- Chills
- Sore throat
- Headache
- Vomiting or Diarrhea
- Loss of taste or smell

They should not return until it has been:

- At least 10 days since symptoms first appeared **AND**
- At least 24 hours with no fever without fever-reducing medication **AND**
- Symptoms have improved

*(Employers **should not** require sick employees to provide a COVID-19 test result or healthcare provider's note to validate their illness, qualify for sick leave, or return to work.)*

## STUDENTS

Student has **ANY** of the following symptom (new/different/worse from baseline of any chronic illness):

- Temperature 100.4 or signs of fever (chills/sweating)
- Sore throat
- New uncontrolled cough that causes difficulty breathing
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache

**EXCLUDE FROM SCHOOL**

Student has **ANY** close contact or potential exposure risk in the past 14 days:

- Had close contact with a person with confirmed COVID-19
- Had close contact with person under quarantine for possible exposure to COVID-19
- Had international travel or been on a cruise
- Lives in an area with high levels of COVID-19 in the community (Risk Level B-E found at [www.mistartmap.info](http://www.mistartmap.info))

**NO**

**Student may return** based on the guidance for their symptoms (see "[Managing Communicable Diseases in Schools](#)"):

- 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

**NO**

Had close contact with a person with confirmed COVID-19 within last 14 days?

**YES**

**Finish 14 Day Quarantine**

**YES**

• Refer to Healthcare Provider  
• Refer to COVID-19 testing location for possible testing  
*(Schools **should not** require testing results as a part of return to school policies.)*

**Diagnosed with COVID-19 OR no other diagnosis available**

**HOME ISOLATION UNTIL:**

- At least 10 days since symptoms first appeared **AND**
- At least 24 hours with no fever without fever-reducing medication **AND**
- Symptoms have improved

**COVID-19 Test Results NEGATIVE OR Alternate diagnosis provided by healthcare provider**

## Student Screening

Before leaving for school, please do the following screening. If your child has any of the following symptoms, it indicates a possible illness that may decrease the student's ability to learn and put them at risk for spreading illness to others.

### MARK ALL THAT APPLY

#### Symptoms

- Temperature 100.4 degrees Fahrenheit or feels feverish
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

#### Close Contact/Potential Exposure

In the past 14 days has your child:

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19; OR
- Had international travel or have been on a cruise

If the answer is **YES** to any of the **symptom** questions, keep your child(ren) home from school.

If the answer is **YES** to any symptoms question and **YES** to any close contact/potential exposure question or live in an area with high levels of COVID-19 in the community (Risk Level B-E found at [www.mistartmap.info](http://www.mistartmap.info)), call the school as soon as possible to let them know the reason your child(ren) won't be there today. Call your healthcare provider right away. If you don't have one or cannot be seen, go to [www.mi.gov/coronavirustest](http://www.mi.gov/coronavirustest) or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

If the answer is **YES** to any of the symptom questions, but **NO** to any close contact/potential exposure questions, your student may return based on the guidance for their symptoms (see "[Managing Communicable Diseases in Schools](#)"):

- 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

**DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.**

Source: Centers for Disease Control and Prevention; [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#)