

SCHOOL DISTRICT OF RIB LAKE

Student Health Check Monitor -- Every Day Before School

For **each** of your children, have they had any of the following symptoms since their last day at school that **is not related to another health condition?**

Please answer “Yes” or “No” to each question.

1. Does he/she have:

- ★ **Fever?** (100.4 degrees F or higher)
- ★ **Chills?**
- ★ **New fatigue?**
- ★ **A new runny nose or congestion?**
- ★ **A new cough?**
- ★ **Shortness of breath or difficulty breathing?**
- ★ **A new sore throat?**
- ★ **New muscle or body aches?**
- ★ **New headache?**
- ★ **New loss of smell or taste?**
- ★ **New nausea, vomiting or diarrhea?**

2. Has he/she had close contact* with someone with COVID-19?

*Close Contact is being 6 feet or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).

If you answered “Yes”, **do not send your child to school.** Keep them home and monitor their symptoms. Call your doctor if symptoms worsen.

Contact your school by 9:00 a.m. to tell them your child will be kept home and what illness symptoms they have and/or close contact with someone who has COVID-19.

Elementary School: 715-427-5818 or email: afoster@riblake.k12.wi.us

Middle School: 715-427-5446 or email: ccook@riblake.k12.wi.us

High School: 715-427-3220 or email: tberger@riblake.k12.wi.us

School Nurse: 715-427-3222 ext. 3250 or email: mpernsteiner@riblake.k12.wi.us