

## Susquehanna Valley Central School District COVID-19 Symptom Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Time: \_\_\_\_\_

School: \_\_\_\_\_ Date \_\_\_\_\_

Your child or staff member screened positive for one or more of the following COVID-19 symptoms:

- A temperature greater than or equal to 100.0 F
- Feel feverish or have chills
- Cough
- Loss of taste or smell
- Fatigue/feeling of tiredness
- Shortness of breath
- Sore throat
- Muscle pain or body aches
- Headaches
- Nasal Congestion / runny nose
- Shortness of breath or trouble breathing
- Headaches
- Nausea, vomiting, diarrhea

