



Zion-Concord Lutheran School

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Phone: 630-766-0228 Fax: 630-766-2205

Symptom Self Screening Verification

Zion-Concord Lutheran School COVID-19 Daily Health Screener

We require this screening to be completed daily at home prior to arriving at school. A temperature check is also required at home and will be verified upon entry into our building. If the answer is **YES** to any of the below questions, **STAY HOME FROM SCHOOL**.

Has the student or anyone in the household has been exposed to COVID-19 (coronavirus), diagnosed with COVID-19(coronavirus) or been asked by the health department to stay home for the next 14 days?

- If no, continue on to the next questions.
- If yes, your child and siblings cannot attend school. All persons living in the home should remain at home until 14 days after your last exposure or at least 10 days have passed since symptoms first appeared.

Has your family traveled outside of Illinois or outside of the United States within the past 14 days?

- If no, continue on to the next questions.
- If yes, and the travel has been outside of the United States, the CDC requires you to stay home for 14 days from the time you returned home to monitor for COVID-19 symptoms.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

- If yes, and the travel has been within the United States, you *may* need to stay home for 14 days from the time you returned home to monitor for COVID-19 symptoms. If you have traveled to a state that has been categorized as "Higher Risk", you must quarantine for 14 days.

<https://www.dph.illinois.gov/covid19/travel>

Check your child's temperature each morning. If the temperature is 100.4 F or more, your child cannot attend school. Do not treat fever with medicine and then send your student to school.

Symptom Check: Does your student have any of the following symptoms? If yes to any symptom, do not attend school. Please call the School Office and report each of the symptoms below.

New Cough?	Yes	No	Fatigue from Unknown Cause	Yes	No
Body or Muscle Aches?	Yes	No	Shortness of Breath?	Yes	No
Abdominal pain from Unknown Cause?	Yes	No	New Onset of Moderate to Severe Headache?	Yes	No
New Loss of sense of taste or smell?	Yes	No	Sore Throat? New Congestion Runny Nose?	Yes	No
Vomiting or Nausea?	Yes	No	Diarrhea?	Yes	No