**SHALER** **AREA** **SCHOOL** **DISTRICT** **COVID-19** **Daily** **Symptom** **Screening**

**Your** **student** **must** **stay** **at** **home** **if** **they:**

Ò Have one or more symptoms in Group A **OR** Ò Have two or more symptoms in Group B **OR**

Ò Are taking fever-reducing medication (i.e. Advil, Motrin, Tylenol) **OR**

Ò Have been around anyone confirmed or presumed positive for COVID-19 **OR**

Ò Are being tested for or awaiting the results of a COVID test