



# Millbury Public Schools

Central Office

12 Martin Street, Millbury, MA 01527

Phone: 508-865-9501

[www.millburyschools.org](http://www.millburyschools.org)

Millbury Jr./Sr. High School

12 Martin Street

Phone: 508-865-5841

R.E. Shaw Elementary School

58 Elmwood Street

Phone: 508-865-3541

Elmwood Street School

40 Elmwood Street

Phone: 508-865-5241

## Millbury Public Schools Health Services Department Student COVID-19 Screening Tool

By physically sending your child(ren) to one of the Millbury Public School buildings, you are self-certifying that you have screened your child(ren) using the questionnaire below and that your child(ren) has/have no apparent signs of illness and has/have not been instructed to self-quarantine by any healthcare provider.

Please note that you or an emergency contact will be called and your child will be sent home if displaying any of the symptoms below without a documented alternative diagnosis for the symptoms.

Today or in the past 24 hours, has your child or any household member had any of the following symptoms?	
Had a fever (temperature of 100.0°F or above), felt feverish, or had chills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fatigue? (Fatigue alone should not exclude a child from participation, only in combination with other symptoms on this checklist)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent loss of smell/taste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent muscle aches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other signs of illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 14 days, has your child had close contact with a person known to be infected with COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **all NOs**, send your child to school. If **at least one YES**, keep your child home and call their school to report their absence. Monitor your child at home and call their healthcare provider to schedule a COVID-19 test. Keep your child home while awaiting results. Call the School Nurse if your child's test comes back positive. All School Nurses contact information and a copy of this screening can be found at [health.millburyschools.org](http://health.millburyschools.org).