



Subject: Daily COVID-19 Screening

Dear Parent/Guardian,

FCPS is asking for your help in keeping our schools and communities safe. Please review the list of COVID-19 symptoms below with your student prior to leaving for school every day. You will be provided a weekly communication reminder of this requirement. Students who are ill or are experiencing *any* of the symptoms or situations listed below are expected to remain at home.

Parents/Guardians are affirming and attesting to the following for their student:

1. Since last in school, your child has not had any of the following symptoms: Cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees Fahrenheit or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose.
2. Since last in school, your child is not waiting for a COVID-19 test result due to symptoms nor has he or she been diagnosed with COVID-19, nor been instructed by any health care provider or the health department to isolate or quarantine.
3. In the last 10 days, your child has not had close contact (within 6 feet for a total of 15 minutes or more in a 24-hour period) with anyone diagnosed with COVID-19 or suspected of having COVID-19 and did not complete quarantine

If the answer is **YES** to any of the above statements, **your student should not come to school**. Please contact your healthcare provider with any questions regarding next steps for your student.

Thank you for your cooperation.