



DAILY HOME SCREENING FOR ATHLETES

GROUP A

1 or more symptoms

- Fever (100.4 or higher)
- Cough
- Shortness of breath
- Difficulty breathing

GROUP B

2 or more symptoms

- Sore throat
- Runny nose/congestion
- Chills
- Nausea/Vomiting/Diarrhea
- Body/Muscle Aches
- Extreme fatigue
- New loss of taste and/or smell
- New onset of severe headache

STAY HOME if you:

- Have 1 or more symptoms in **Group A** *or*
- Have 2 or more symptoms in **Group B** *or*
- Are taking **fever reducing medication** *or*
- Have had **close contact** (within 6 feet for at least 15 min.) with a **confirmed case of COVID-19** *or*
- If you have traveled internationally, or to a state listed by the PA Department of Health.

If you have questions, please email: healthservices@lmsd.org