



HOME SCREENING

Please conduct this screening prior to any appointment. We will be conducting a check for these symptoms upon arrival to school. If you need to keep your child home, please contact our office at 530-832-5507.

Current Screening List

<input type="checkbox"/>	Fever or fever symptoms (Temperature 100.4° Fahrenheit or higher)
<input type="checkbox"/>	Cough (for students with a current doctor's note on file for chronic allergic/ asthmatic cough, look for a change in their cough from their baseline)
<input type="checkbox"/>	Trouble breathing or shortness of breath
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Muscle aches
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	Loss of smell or taste or a change in taste
<input type="checkbox"/>	Nausea, vomiting, or diarrhea
<input type="checkbox"/>	Had close contact (within 6 feet for at least 15 minutes) with or cared for someone with confirmed COVID-19

If you can check any of the boxes on the list above, please stay home.

Remember, virtual meetings can be arranged!