



## Pine Grove Area School District Daily COVID-19 Screening Checklist

*If you answer YES to any of the following questions, do not return to school until you have consulted your healthcare provider. Please see [Return to School Protocols](#) for further instructions regarding testing and quarantining.*

1. Do you have a fever (100.4°F or higher)?
2. Have you taken any medication to treat or reduce a fever?  
(Tylenol, Acetaminophen, Motrin, Advil, Ibuprofen, etc)
3. Do you have any of the following symptoms beyond what you normally experience?
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - New loss of taste or smell (without congestion)
  - Vomiting
  - Diarrhea
4. Do you have 2 or more of the following symptoms beyond what you normally experience?
  - Chills
  - Muscle pain or body aches
  - Headache
  - Sore throat
  - Congestion or runny nose
  - Nausea
  - Fatigue
5. Have you been tested for COVID-19 (due to symptoms or possible exposure) and are awaiting test results?
6. Are you a close contact (within 6 feet for 15 minutes) of someone who has recently tested positive for COVID-19?
7. Have you traveled outside of Pennsylvania within the last 10 days? *If yes, a negative COVID-19 test or 10-day quarantine is required prior to returning to school. Please see [tinyurl.com/Travel-PA](https://www.tinyurl.com/Travel-PA) for more information regarding the PA Travel Order.*

Please contact your child's school nurse with any questions.

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