



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?

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

Kelly Jochems, RN
Elementary School Nurse
570-345-2731 (ext. 446)
kjochems@pgasd.com

Jessica Lyons, LPN
Middle School Nurse
570-345-2731 (ext. 335)
jlyons@pgasd.com

Leigh Herber, RN
High School Nurse
570-345-2731 (ext. 229)
lherber@pgasd.com