

**Palmyra Area School District**  
**At-Home Symptom Screening**

Are you/is the student experiencing any of the following?

Group A (1 or more symptoms)	Group B (2 or more symptoms)
Cough	Fever (measured or subjective)
Shortness of breath	Chills
Difficulty breathing	Rigors (severe shivering or shaking chills)
New olfactory disorder (loss of ability or change to sense of smell)	Myalgia (muscle pain)
New taste disorder	Headache
	Sore throat
	Nausea or vomiting
	Diarrhea
	Fatigue
	Congestion or runny nose

**Stay home if, you or the student:**

- *Have one or more symptoms in Group A or*
- *Have two or more symptoms in Group B or*
- *Are taking fever reducing medication.*