**Illness Decision Tree for Students**

**Q1: Are you experiencing COVID-19 symptoms? They include:**

- Fever (100.4°F or 38°C) without having taken any fever-reducing medications, such as acetaminophen or ibuprofen.
- Chills
- New or unusual headache
- Nausea, vomiting, diarrhea, or loss of appetite
- Loss of smell or taste
- Cough
- Muscle aches
- Sore throat
- Fatigue
- Shortness of breath
- Chills
- New or unusual headache
- Nausea, vomiting, diarrhea, or loss of appetite
- Loss of smell or taste
- Cough
- Muscle aches
- Sore throat
- Fatigue
- Shortness of breath

(One or more of these symptoms that is a new onset or is an increase in severity)

**YES, I HAVE SYMPTOMS**

**NO SYMPTOMS**

**Q2: HAVE YOU**

- Had close contact with a confirmed or suspected COVID-19?
- Had close contact with a person under quarantine for possible exposure to COVID-19?
- Travel to or live in an area that is designated Category 3 (Substantial Community Transmission)?

**YES, to 1 or more**

- Quarantine yourself for 10 days since the onset of symptoms and contact your healthcare provider (HCP).
- Stay at home until you are symptom-free for 24 hours without fever or symptom reducing medications.

**NO**

- Practice physical distancing and good hygiene.

Anyone who has been identified as a close contact needs to quarantine regardless of symptoms or other illnesses, **EVEN** if you receive a negative test result.

**Students/families should call**

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