



# MARTINSVILLE INDEPENDENT SCHOOL DISTRICT

Creating Responsible, Effective Adults Through Education

## EMPLOYEES/STUDENTS PRESENTING SYMPTOMS

*\*Subject to change based on local, state, and federal guidance\**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_ Employee \_\_\_ Student

Location in District:

Symptoms noticed:

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore Throat
- New uncontrolled cough that causes difficulty breathing (or, for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Additional Notes: \_\_\_\_\_

Time of fever or onset of symptoms: \_\_\_\_\_

Time of isolation: \_\_\_\_\_

Where is patient being referred to: \_\_\_\_\_

Reporter Name/Title: \_\_\_\_\_