

**FROM: THE DISTRICT HEALTH OFFICES  
DATE: SEPTEMBER 14, 2009**

**INFLUENZA-LIKE ILLNESS SYMPTOMS SCREENING TOOL FOR PARENTS AND CAREGIVERS.**

**Does your child have: (circle one)**

- |    |                         |     |    |
|----|-------------------------|-----|----|
| 1. | Fever 100 F or greater? | Yes | No |
| 2. | Sore Throat?            | Yes | No |
| 3. | Cough?                  | Yes | No |
| 4. | Chills?                 | Yes | No |
| 5. | Vomiting/ Diarrhea?     | Yes | No |

**Should I keep my child home?**

- If you checked yes to any of the above symptoms, keep your child home for at least **24 hours**, **they cannot return to school until they are fever-free for 24 hours without the use of fever reducing medication. H1N1 influenza is most contagious in the earliest days of the illness and when a fever is present.**
- If your child has been diagnosed by a healthcare provider with a different disease, such as strep, follow your healthcare provider's recommendation and school policy when to return to school.

**What should I tell my child's school?**

- If you checked yes to any of the about symptoms, tell your child's attendance office that your child is home with influenza-like symptoms.
- If your child has been diagnosed by a health care provider with a different disease, such as strep, tell your child's attendance office.

**Please call your child's health office if you have any questions or concerns. If any child presents with these symptoms during the school day they will be excluded from school. Please make sure accurate and current contact information is on file with your child's school and health office. We are requesting that you pick up your child as soon as possible from school if they have been excluded. Please do not be alarmed if you come to school and your child has been isolated from the general population and is wearing a mask, we are merely following the guidelines of the health department.**

