If you answer "YES" to any of the questions below, STAY HOME and follow the steps below:

- **Step 1:** Inform your school
- **Step 2:** To protect your privacy please call your School Nurse or the Director of Nursing Services if you need to report a positive test result or have been asked to self-quarantine
- **Step 3:** Follow In-School Learning Daily Decision Tree

Have you traveled outside Alaska within the past 14 days?
☐ Yes ☐ No

Have you been in close contact with anyone who has tested positive for COVID-19?
☐ Yes ☐ No

Have you been asked to self-quarantine because of close contact with an infected individual?
☐ Yes ☐ No

Have you been tested for COVID-19?
☐ Yes ☐ No

Have you received a negative test result yet?
☐ Yes ☐ No

Do you have any of the following:

☐ Fever/Chills? ☐ New Loss of Taste or Smell? ☐ Abdominal Pain?

☐ Cough? ☐ Sore Throat? ☐ New Rash?

☐ Fatigue? ☐ Congestion or Runny Nose? ☐ New Joint Pain?

☐ Nausea or Vomiting? ☐ New Muscle or Body Aches?

☐ Headache? ☐ Diarrhea?