

PLEASE BE PREPARED TO HAVE YOUR  
TEMPERATURE CHECKED  
AND  
ANSWER THE FOLLOWING QUESTIONS

*In the past 24 hours, have you experienced any of the following symptoms?*

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Excessive fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose (not allergy related)
- Nausea or vomiting
- Diarrhea

*Have you taken any medications to reduce a fever or relieve any of the above symptoms in the past 24 hours?*

**If you answered yes to any of the above questions, please notify the school and stay home until symptom free for 24 hours without the aid of medication or you can produce a negative COVID-19 test result.**

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ACADEMY**

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