



Mt Pleasant Elementary School District

Empower Inspire Unite

Please Read & Wear Your Mask

Please stay home (do not enter) and contact your primary care provider if you answer “YES” to any of the following questions:

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?

Yes – STAY HOME and seek medical care.

2. Within the past 14 days , have you had close contact with, someone who has been in isolation for COVID-19 or had a test confirming they have the virus? Close contact is less than 6 feet for 15 minutes or more.

Yes – STAY HOME and seek medical care and testing.

3. a. Have you had any one or more of these symptoms today or within the past 3 days?

- Fever or chills
- Cough
- Loss of taste or smell
- Shortness of breath or difficulty breathing

Yes – STAY HOME and seek medical care and testing.

b. Have you had any one or more of these symptoms today or within the past 3 days and that are new or not explained by another reason?

- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Nausea, vomiting, or diarrhea

Yes – STAY HOME and seek medical care and testing.