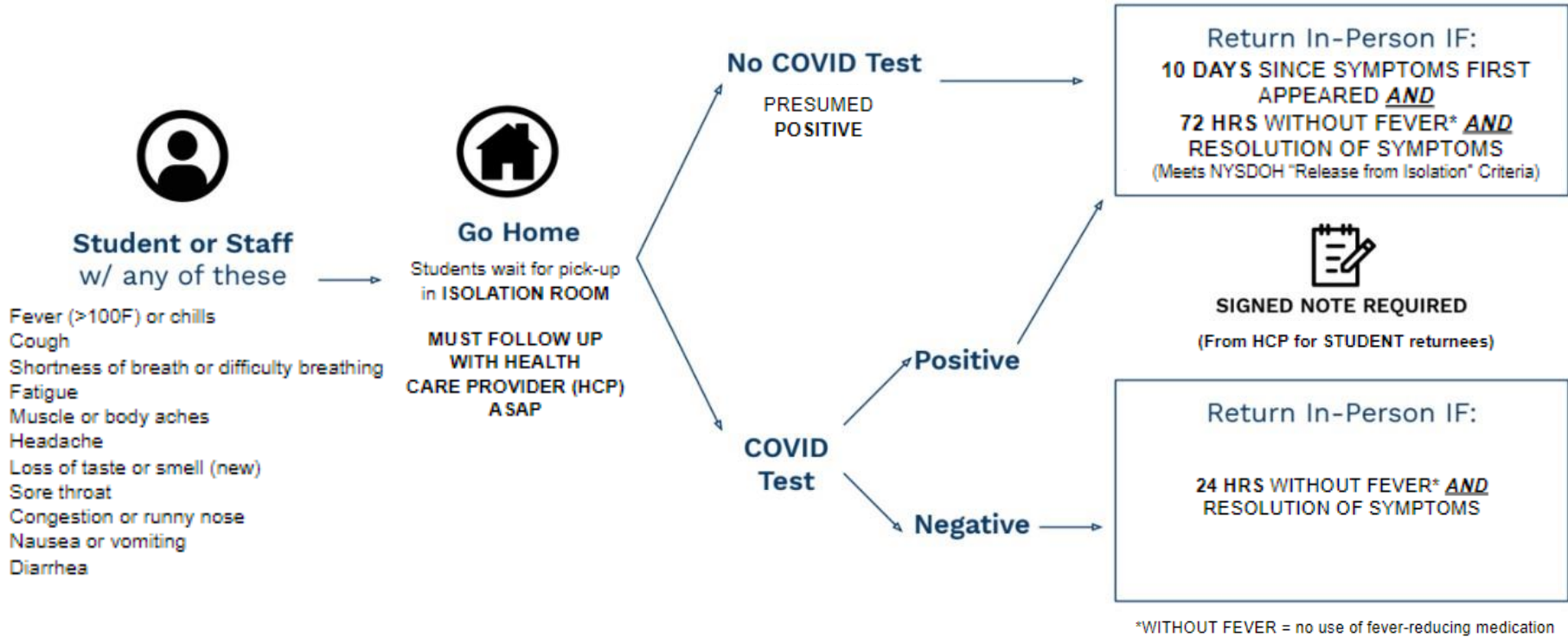


STAY HOME and DO NOT REPORT TO WORK OR SCHOOL if within the last 14 days you have:

- Had any COVID-19 symptoms (listed below)
- Any known contact with someone who has COVID-19
- A positive COVID-19 test result
- Any foreign travel or travel from a high risk state, as identified by New York State

Notify your school/supervisor by answering the Health Screening Questionnaire, a school nurse will contact you for additional details

Screening Flow Chart for Symptomatic Students/Staff at School

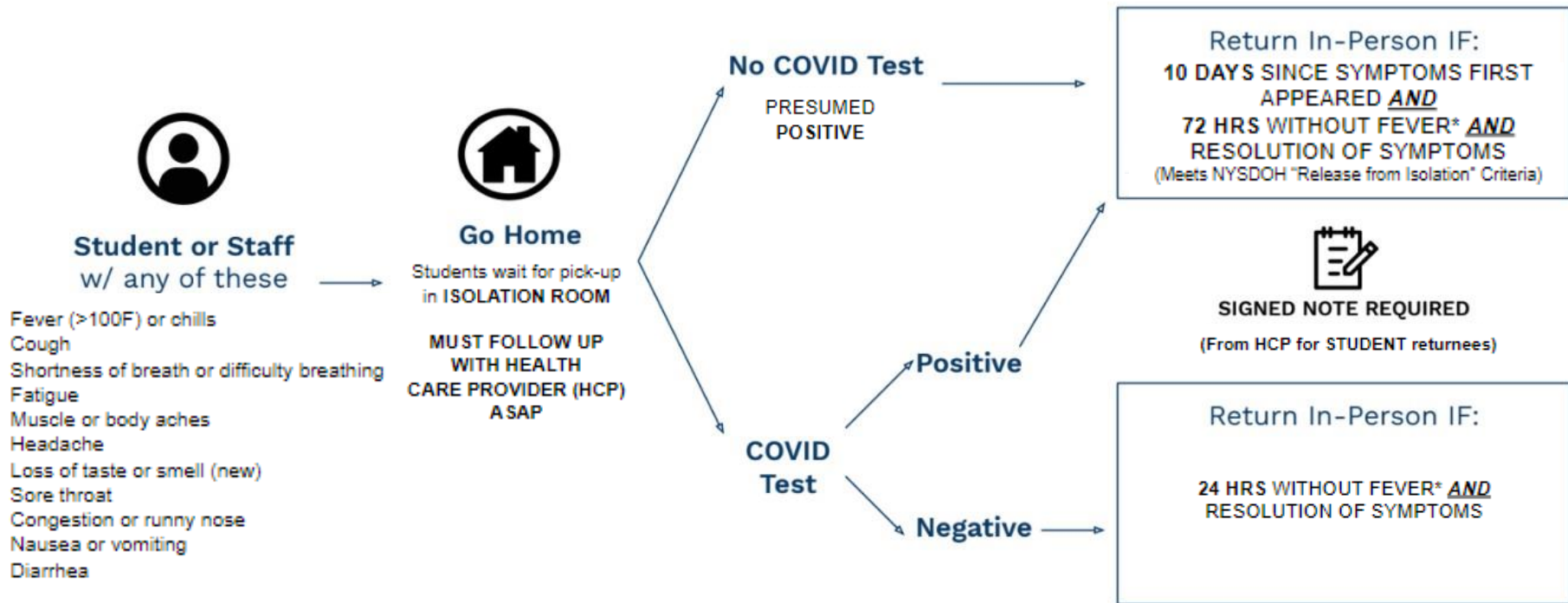


PERMANEZCA EN CASA y NO SE REPORTE AL TRABAJO O ESCUELA si en el transcurso de los últimos 14 días usted ha:

- Tenido alguno de los síntomas de COVID-19 (listados abajo)
- Estado en contacto con alguien que tiene COVID-19
- Tenido un resultado positivo a la prueba de COVID-19.
- Viajado al exterior o a alguno de los estados con alto riesgo como identifica el Estado de New York

Notifique a su escuela/supervisor contestando el cuestionario de "Health Screening", una enfermera de la escuela le contactará para detalles adicionales.

Screening Flow Chart for Symptomatic Students/Staff at School



*WITHOUT FEVER = no use of fever-reducing medication