



Does the child have a **cold or runny nose**?



(Sniffles = nasal secretions in / out of the nose, color does not matter. With sneezing, coughing and / or sore throat)

YES

NO

Has the child had contact with **someone infected with COVID-19 in the past 14 days**?
Does anyone living in the child's household currently have a fever or difficulty breathing?

YES

NO

The child **stays at home**



Does the child appear **sick** or does it have a **fever**?

YES

NO

The child **stays at home**



Does the child have any of the following symptoms?

- To cough
- Loss of smell / taste
- Difficulty breathing

YES

NO

Is there any other reason for the symptoms e.g. **Asthma, allergies ...**?

The child can go to school



NO

YES

The child **stays at home**



The child can go to school

