



OZARK SCHOOL DISTRICT

DAILY HEALTH ASSESSMENT

REPORT ABSENCES

High School	417-582-5901
Junior High	417-582-5902
Middle School	417-582-5903
North Elementary	417-582-5904
South Elementary	417-582-5905
East Elementary	417-582-5906
West Elementary	417-582-5907
Tiger Paw	417-582-5992

Is your student experiencing any of the following symptoms?



DIFFICULTY BREATHING



VOMITING



LOSS OF TASTE OR SMELL



100.0 F+ FEVER



SHORTNESS OF BREATH



STAY HOME



If your student has bluish lips or face, extreme difficulty breathing, severe dizziness, disorientation, or is unconscious or difficult to wake, contact 911 immediately. These are life threatening symptoms.

Is your student experiencing any overall health changes, including, but not limited to...



SORE THROAT



CHILLS



MUSCLE ACHE/PAIN



NAUSEA



HEADACHE



FATIGUE



DIARRHEA



PLEASE CONSIDER STAYING HOME

STAY SAFE to STAY OPEN

Did you have a COVID-19 test and are awaiting results?

STAY HOME UNTIL YOU GET YOUR OFFICIAL RESULTS. IF THE TEST IS POSITIVE, PLEASE NOTIFY YOUR CHILD'S SCHOOL.

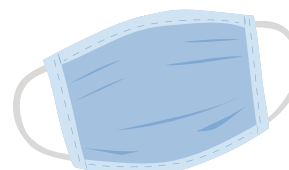


STAY HOME

Your student's name will only be shared with authorized personnel as this is confidential information per FERPA.

REMEMBER...

FACE COVERINGS ARE REQUIRED



WHEN SOCIAL DISTANCING IS NOT AN OPTION