

## LET'S KEEP COVID-19 AT HOME! WHAT TO DO IN CASE OF SUSPECTS OF COVID-19



### SYMPTOMS COVID-19

#### AT LEAST ONE OF

ACUTE RESPIRATORY SYMPTOMS SUCH AS COUGH
AND RHINITIS WITH RESPIRATORY PROBLEMS
VOMIT ( REPEATED EPISODES ACCOMPANIED BY DISEASE)
DIARRHEA (WITH THREE OR MORE DISCHARGES OF
LIQUID OR SEMI-LIQUID STOOLS)
LOSS OF TASTE (IN ABSENCE OF FLU)
LOSS OF SMELL (IN ABSENCE OF FLU)
INTENSE HEADACHE

FEVER HIGHER THAN

37.5° (EVEN IN ABSENCE

OF OTHER SYMPTOMS)

# DOES NOT EXCLUDE SCHOOL



FLU, NOT ACCOMPANIED BY FEVER AND / OR OTHER SYMPTOMS

OTHER SYMPTOMS SUCH AS MILD HEADACHE, MENSTRUAL CRAMPS ECT.

## DO NOT GO TO SCHOOL!



IN CASE OF FEVER OR COVID-19'S SYMPTOMS, DO NOT GO TO SCHOOL
AND CONTACT THE PEDIATRICIAN OR GENERAL MEDICINE DOCTOR
WHO WILL EVALUATE IF YOU SHOULD MAKE DO A SWAB FOR SARA-COV-2

PLEASE NOTE, IF THE FEVER OR THE SYMPTOMS SHOULD OCCUR AT SCHOOL, THE STUDENT WILL BE PLACED IN ISOLATION IN A DEDICATED ROOM AND PARENTS WILL BE INFORMED TO BE TAKEN THEM HOME. IT WILL BE NECESSARY TO CONTACT THE FAMILY DOCTOR.

Traduzione a cura di Coop. Synergasia per il Comune di Venezia Direzione Coesione Sociale Servizio Pronto Intervento Sociale Inclusione Mediazione



### FROM SYMPTOMS TO RETURN TO SCHOOL!

WHAT TO DO IN CASE OF SUSPECTS OF COVID-19



### STUDENT WITH SYMPTOMS





**SYMPTOMS MATCH WITH COVID-19** 

FLU (NOT ACCOMPANIED BY FEVER AND / OR OTHER SYMPTOMS LIKE MILD HEADACHE, MENSTRUAL CRAMPS. ETC)



PLEASE NOTE: WHEN IT'S
NECESSARY REFER ALWAYS TO A
CLINICAL EVALUATION OF THE
ATTENDING DOCTOR FOR THE PATH
OF DIAGNOSIS AND CURE

FEVER > 37.5, ACUTE RESPIRATORY SYMPTOMS SUCH AS COUGH AND RHINITIS WITH BREATHING PROBLEMS, VOMITING (REPEATED EPISODES ACCOMPANIED BY DISESAS), DIARRHEA (THREE OR MORE DISCHARGES WITH SEMI-LIQUID OR LIQUID STOOLS), LOSS OF TASTE AND / OR LOSS OF SENSE OF SMELL (IN THE ABSENCE OF A FLU), INTENSE HEADACHE.

ATTENDING DOCTOR

NOT SUSPECT OF COVID-19

NEGATIVE TEST

SUSPECT OF COVID-19



**POSITIVE TEST** 

IN CASE OF

ABSENCE: NORMAL

JUSTIFICATION FOR

**ABSENCE FROM** 

SCHOOL (NO

HEALTH

**CERTIFICATION IS** 

**NECESSARY**)

NORMAL

**JUSTIFICATION** 

FOR ABSENCE

FROM SCHOOL

(NO HEALTH

**CERTIFICATION IS** 

NEEDED)

DOCTOR'S

CERTIFICATION

OR REPORT OF A

**NEGATIVE** 

RESULT OF THE

**TEST** 

CERTIFICATE OF RECOVERY OF

THE PUBLIC

**HEALTH AND** 

**HYGIENE** 

SERVICE