

## Health Screen Checklist

The following checklist should be used by students and staff members prior to attending class/going to work each day. Please select “Yes” or “No” for each item on the list. If you answer “Yes” to any of the below questions, you should stay home and contact your building administrators for further guidance.

Take your temperature. Was your temperature more than 100° F?	NO	YES
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have any of the following:		
• A new cough or new sore throat		
• Shortness of breath or difficulty breathing		
• Chills		
• Fatigue		
• New muscle or body aches		
• Congestion or runny nose		
• A new headache		
• New loss of taste or smell		
• Vomiting (unidentified cause, unrelated to anxiety or eating)		
• Diarrhea		

Student/Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/Building: \_\_\_\_\_