

Daily Student Covid-19 Screening tool

Name: _____

Date: _____

What is your temperature: _____ Must be below 100.4 F

Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

- Yes
- No

In the last 48 hours, have you had any of the following NEW symptoms? Check all that apply.

- Fever of 100.4 F (37.8 C) or above, or possible fever symptoms like alternating chills and sweating
- Cough
- Trouble breathing, shortness of breath or severe wheezing
- Chills or repeated shaking with chills
- Muscle aches
- Sore throat
- Loss of smell or taste, or a change in taste
- Nausea, vomiting or diarrhea
- Headache
- None of the above

Contact your health care provider for advice if you get new symptoms or if you have close contact and live with someone with lab-confirmed COVID-19. Close contact means being within 6 feet of that person for over 5 minutes or having direct contact with their mucus or saliva.

Reviewed by: _____

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DO NOT ENTER SCHOOL IF ANY ANSWER IS YES OR TEMP 100.4 F>

Reviewed by: _____