

## Appendix B

### SELF-ASSESSMENT REQUIRED DAILY BY ALL STAFF:



### **COVID-19 - RSU 56 Daily Screening Tool**

Today or in the past 24 hours have you had any of the following:

YES	NO	
		Fever
		New Cough
		Runny nose
		Sneezing
		Sore throat
		Headache
		Muscle aches
		Chills
		Fatigue
		Malaise (feeling unwell)
		Chest pain
		Shortness of breath
		Difficulty breathing
		Inability to keep liquids down because of vomiting
		Diarrhea
		Loss of taste and/or smell

YES NO

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In the past 14 days have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?		
Have you traveled to any "hot spot" area within the past 14 days?		
Do you have a sick family member at home with any of the above symptoms?		

**\*\*REPORT ANY "YES" RESPONSES TO THE ABOVE QUESTIONS TO YOUR DIRECT SUPERVISOR OR SCHOOL NURSE, WHO MAY ASK FOR CLARIFICATION OF YOUR ANSWERS.\*\***