

# COVID-19

## RSU 12 Pre-Screening Tool for reporting/returning to work

Within the past 24 hours  
have you had a fever  
(100.4 and above\*) or  
used any fever reducing  
medicine?

YES =



Do you feel sick with any  
of the most common  
symptoms of Covid, had  
vomiting/diarrhea, or felt  
unwell?  
*(see symptom list to the right)*

YES =



Have you been a close  
contact of a person with  
Covid in the past 14 days?

YES =



Have you traveled outside  
of the state to any non-  
exempt states in the past  
14 days?

YES =



Contact  
Your School

### Most Common Symptoms of Covid 19:

Cough  
Shortness of  
breath  
or difficulty  
breathing  
Fever (100.4°F/  
38 °C or greater)\*  
Chills  
Sore throat  
New loss of taste  
or smell

### Less Common Symptoms:

Muscle pain  
Nausea or  
Vomiting  
Diarrhea  
Fatigue  
Headache  
Congestion/runny  
nose

*\*Fever is 100.4°F/  
38°C regardless of  
measurement  
location (oral,  
temporal).*

Stay home and contact your principal if there is a YES  
response to the questions above OR if you have two or more of  
the "less common" symptoms listed to the right. Any  
symptoms should be new, unexplained symptoms.