



Self Screener

Complete daily before arriving at school

(Questions refer to a student or staff member)

(This is not a substitute for a consultation with your healthcare provider)

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| 1. Do you live with someone who has COVID-19? | Yes | No |
| 2. In the last 14 days, have you been in close contact (closer than 6 feet, longer than 15 minutes) with anyone who has tested positive for COVID-19*? | Yes | No |
| 3. Have you taken medication for a fever in the last 24 hours? | Yes | No |
| 4. Do you have any of the following NEW symptoms today? | | |
| a. Congestion or runny nose | Yes | No |
| b. Fever above 100 degrees | Yes | No |
| c. Chills | Yes | No |
| d. Cough | Yes | No |
| e. Difficulty breathing | Yes | No |
| f. Diarrhea | Yes | No |
| g. Nausea (upset stomach) or vomiting | Yes | No |
| h. Sore throat | Yes | No |
| i. Muscle aches or fatigue | Yes | No |
| j. Loss of taste or smell | Yes | No |
| k. Headache | Yes | No |

If you answered "Yes" to any of the above questions, please contact your healthcare provider for further guidance and call the school attendance secretary.

Repeated absences will require a note from a healthcare provider and/or proof of COVID-19 testing.

* A close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection).