

Daily Self-Assessment of Symptoms Required for Students/Staff

We request that you complete this questionnaire on a daily basis to self-monitor your health. This information should be used to determine whether your attendance at school is appropriate.

If you answer 'YES' to any of the questions below, STAY HOME FROM SCHOOL and contact your healthcare provider.

1. Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 in the past 14 days? YES NO

2. In the past 48 hours, have you experienced any of the following NEW symptoms:
 - Fever of 99.5° or above: YES NO
 - Cough: YES NO
 - Sore Throat: YES NO
 - Muscle pain: YES NO
 - Chills or Repeated Shaking with Chills: YES NO
 - Shortness of breath, Trouble Breathing /Severe Wheezing: YES NO
 - Loss of Smell or Taste, or a Change in Taste: YES NO
 - Nausea, vomiting, or diarrhea: YES NO

3. Have you recently been in close contact with anyone who has exhibited any symptoms or tested positive for COVID-19? YES NO

4. Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including China, Italy, Iran, and countries in Europe. YES NO