Lodi USD COVID Screener Form

Name: _____

School Site: _____ Grade: _____

Has the respondent been around someone with COVID-19 in the past 10 days? ❑ Yes ❑ No

Symptoms:

yes	no	
❑	❑	Dry cough
❑	❑	Shortness of breath
❑	❑	Fever (≥ 100.4F)
❑	❑	Chills, shivering
❑	❑	New Skin Rash or Discoloration
❑	❑	Headache
❑	❑	Sore Throat
❑	❑	New loss of smell or taste
❑	❑	Gastrointestinal symptoms

Name of Person Filling Out Form: _____

Date: _____