

DAILY HEALTH SCREENING 2020 – 2021 FALL TERM

Per the Community Health and Responsibility Pledge, please ask about the following each day:

- □ Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- □ Cough, not due to other known cause, such as chronic cough
- Difficulty breathing or shortness of breath
- □ New loss of taste or smell
- □ Sore throat
- □ Headache *when in combination with other symptoms*
- □ Muscle aches or body aches
- □ Nausea, vomiting, or diarrhea
- **G** Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms
- □ Have had close contact with a known positive COVID-19 case in the last 14 days
- □ Have travelled in the past 14 days and meet the Massachusetts criteria for quarantine or testing <u>https://www.mass.gov/info-details/covid-19-travel-order</u>

If you have answered "yes" to any of these:

- Do not visit The Bement School campus
- □ Contact Dylan Korpita (413-774-7061) at Bement for further instructions
- **Contact** your Primary Care Provider for medical guidance