

# Daily Home Screening

## for Students, Staff & Visitors

**Parents:** Please review this checklist before sending your child to school with any symptoms of COVID-19. Have they recently begun experiencing any of the following in a way that is not normal for them?

**Staff:** Please review this checklist before reporting to work with any symptoms of COVID-19. If you believe you might be symptomatic, contact your immediate supervisor. Have you recently begun experiencing any of the following in a way that is not normal to you?

### Section 1: Symptoms

- |  |   |
|--|---|
| <input type="checkbox"/> Feeling feverish or a measured temperature greater than or equal to 100.0 degrees | <input type="checkbox"/> Chills                           |
| <input type="checkbox"/> Loss of taste or smell  | <input type="checkbox"/> Sore throat                      |
| <input type="checkbox"/> Cough   | <input type="checkbox"/> Congestion or runny nose         |
| <input type="checkbox"/> Difficulty breathing  | <input type="checkbox"/> Shaking or exaggerated shivering |
| <input type="checkbox"/> Shortness of breath   | <input type="checkbox"/> Significant muscle pain or ache  |
| <input type="checkbox"/> Fatigue   | <input type="checkbox"/> Diarrhea                         |
| <input type="checkbox"/> Headache  | <input type="checkbox"/> Nausea or vomiting               |

### Section 2: Close Contact/Potential Exposure

- Had close contact with a person with confirmed COVID-19