



BRIARCREST
CHRISTIAN SCHOOL

MORNING HEALTH SELF-ASSESSMENT

Parents will conduct the COVID-19 self-screening for his/her student(s) each morning.

Taking your child's temperature and asking the questions are required for the assessment.

We all need to minimize risks for one another, and this has to become part of our morning routine.

1. Have you had a fever in the last 24 hours?
2. Have you taken medicine to reduce your fever in the last 24 hours?
3. Have you been in close contact with someone with a confirmed case of COVID-19?
4. Are you experiencing a cough, shortness of breath, headache, sore throat, headache, muscle aches, nasal congestion or a runny nose?
5. Have you had a new loss of taste or smell?
6. Have you had vomiting or diarrhea in the last 24 hours?
7. Are you awaiting test results for COVID-19?

**If you answer "YES" to any of the questions,
YOU MUST STAY HOME.**