

BHISD STUDENT SCREENING ASSESSMENT

**ALL STUDENTS ARE REQUIRED TO COMPLETE THIS SELF-ASSESSMENT
DAILY BEFORE REPORTING TO SCHOOL**

List of COVID Symptoms:

*(Are you experiencing **two** or more of the following symptoms in a way that is not normal for you?)*

- Fever equal to or greater than 100°F
- Chills/muscle aches
- Headache (new onset or severe headache)
- Diarrhea
- Cough (new cough or uncontrolled cough that causes difficulty breathing)
- Shortness of breath/difficulty breathing
- Loss of taste or smell
- Sore throat
- Unusual fatigue
- Congestion or runny nose
- Nausea/vomiting or abdominal pain
- Someone in my household has tested positive for COVID-19 in the past 14 days

If you answered YES to any of the above symptoms, please do not report to school and contact your primary care physician.