

Oak Grove School District

Daily Health Screening for Students and Staff

Ask these questions each day. A person who answers "Yes" to any one of these questions must not be allowed to enter the school facility or District offices.

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?

Yes – STAY HOME and seek medical care.

2. Within the past 10 days, have you had close contact with someone who has been in isolation for COVID-19 or had a test confirming they have the virus? Close contact is less than 6 feet for 15 minutes or more.

Yes – STAY HOME and seek medical care and testing.

3. a. Have you had any one or more of these symptoms today or within the past 3 days?

- Fever or chills
- Cough
- Loss of taste or smell
- Shortness of breath or difficulty breathing

Yes – STAY HOME and seek medical care and testing.

b. Have you had any one or more of these symptoms today or within the past 3 days and that are new or not explained by another reason?

- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Nausea, vomiting, or diarrhea
- Congestion or runny nose

Yes – STAY HOME and seek medical care and testing.