

COVID-19

Daily Self-Health Screening Tool

Ask the following 3 questions every day before school/work:

3 Questions

Action



Do I have any of the following symptoms that are new or worsening?

- Fever (100.4 or higher) or chills
- New cough (diff. from baseline)
- Shortness of breath
- Fatigue
- Muscle or body aches
- Repeated shaking
- New loss of taste or smell
- Sore throat
- Congestion
- Nausea, vomiting, or diarrhea



Have I or anyone in my household been confirmed/suspected with COVID-19 in the last 14 days?



Have I been notified that I am a close contact with someone who has tested positive for COVID-19 in the last 14 days?



If a student, employee or essential visitor answers "YES" to any of the above questions, they should:

Remain home- DO NOT go to school/work.

Notify your child's school/employee's department supervisor