



Covid-19 Daily Self-Screening Questions

- Do you have a **fever** (temperature over 100.4° F or 38° C) without fever reducing medications?
- Do you have a recent **loss of smell or taste**?
- Do you have a **cough**?
- Do you have **muscle aches**?
- Do you have a **sore throat**?
- Do you have **shortness of breath**?
- Do you have **chills**?
- Do you have a **new or unusual headache**?
- Have you experienced **new** onset of any **gastrointestinal symptoms** such as nausea, vomiting, diarrhea, or loss of appetite in the last few days?
- Have you, or anyone you have been in close contact with, been **diagnosed with Covid-19 or placed in quarantine** for possible exposure within the last two weeks?
- Have you been **asked to self-isolate or quarantine** by a medical professional or a local public health official within the last two weeks?
- Are you awaiting a **Covid-19** test result?

If you reply YES to any of the questions on the checklist, stay home.

Contact your administrator and complete the [COVID 19 Exposure or Positive Test Contact Tracing Reporting form.](#)

If you begin to feel ill while at school, you should immediately go home. You will be expected to leave school and self-isolate until all appropriate criteria for your return are met based on the Department of Public Health Guidance.