

# COVID-19 Health Screening for Students



## Has your student had any of the following symptoms or experiences listed below?

New fever (100.4°F or higher) or a sense of having a fever?

New cough that cannot be attributed to another health condition?

New shortness of breath or difficulty breathing that cannot be attributed to another health condition?

New chills that cannot be attributed to another health condition?

New runny nose, congestion and/or sore throat that cannot be attributed to another health condition?

New headache that cannot be attributed to another health condition?

New chest pain or pressure that cannot be attributed to another health condition?

New muscle aches (myalgia) that cannot be attributed to another health condition or to a specific activity (such as physical exercise)?

New general malaise or fatigue that cannot be attributed to another health condition?

New loss of taste or smell?

New gastrointestinal symptoms to include nausea, vomiting and/or diarrhea that cannot be attributed to another health condition?

Currently in the process of getting a COVID-19 test and/or awaiting results?

A positive test for the virus that causes COVID-19 within the past 10 days?

Close contact (within about 6 feet for 15 minutes or more) with someone suspected or confirmed to have COVID-19?

If the answer to **ALL** items was **NO**, your student can proceed to school/activity. Don't forget a face covering!

If the answer to any item was **YES**, do not report to school/activity and contact the school or sponsor of activity to notify them of the student's absence.

