SCREEN FOR COVID-19 SYMPTOMS

- Fever or chills
- Cough
- Shortness of breath/difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Required Daily Health Screening Form for Students and Staff

1. NO Symptoms/NO Close Contact
   - Proceed to School or Work

2. Close Contact* But NO Symptoms
   - Cannot Go to School or Work

3. COVID-19 Positive But NO Symptoms
   - Home for 14 days from last date of close contact* if no symptoms develop

4. Symptoms of COVID-19 with no known exposure
   - Home for 10 days following first positive test if no symptoms develop

* "Close contact" is less than 6 feet away for at least 15 minutes from a confirmed positive COVID-19 person.