

COVID-19 SELF SCREENING



Do not enter until you have **self screened** by answering the following questions. If you answer yes to any of the below questions, please do not enter the building / campus.

Staff, Parents, Students, if you answered yes to any of the questions, please contact your principal or direct supervisor immediately.

1. Have you experienced any of the following symptoms in a way that is not normal for you that may indicate a possible COVID-19 infection?

- Temperature of greater than 100 degrees Fahrenheit;
- Sore throat;
- New uncontrolled cough that causes difficulty breathing (or, for students with a chronic allergic/asthmatic cough, a change in their cough from baseline);
- Diarrhea, vomiting, or abdominal pain; or
- New onset of severe headache, especially with a fever.

Please answer YES or NO.

2. Have you had close contact with any individual who is lab-confirmed with COVID-19 in the last 14 days?

- Close contact is defined as:
- Being directly exposed to infectious secretions (e.g., being coughed on); or
- Being within 6 feet for a cumulative duration of 15 minutes;
- If either occurred at any time in the last 14 days at the same time the infected individual was infectious.

Please answer YES or NO.

