

Student Daily Health Screening

[中文翻譯](#)

[Traduction française](#)

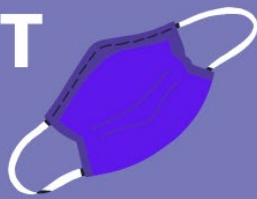
[Traduction russe](#)

[Traduction espagnole](#)

1. Has the student had a temperature greater than 100.4 in the last 24 hours?
2. Does the student have a new cough, shortness of breath, changes in taste or smell, chills, sore throat, diarrhea, and/or nausea, fatigue (more tired than usual), headache, muscle aches, nasal congestion that is different than usual in the last 24 hours?
3. Has the student taken medication to lower his/her temperature in the past 24 hours?
4. Has the student been in close contact (less than 6 feet for more than 15 minutes with or without a face covering) with someone diagnosed with COVID-19?
5. Has the student been in close contact (less than 6 feet for more than 15 minutes with or without a face covering) with anyone who is currently awaiting COVID-19 test results?

If the answer is **YES** to any of these questions, the student should stay home, parents should contact their health care provider or the health department immediately, and contact the school as quickly as possible.

STUDENT DAILY HEALTH SCREENING



01

Has the student had a temperature greater than 100.4 in the last 24 hours?

02

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LET'S HELP STOP THE
SPREAD OF
CORONAVIRUS



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03

Has the student taken medication to lower his/her temperature in the past 24 hours?

04

Has the student been in close contact (less than 6 feet for more than 15 minutes with or without a face covering) with someone diagnosed with COVID-19?

05

Has the student been in close contact (less than 6 feet for more than 15 minutes with or without a face covering) with anyone who is currently awaiting COVID-19 test results?