

COVID-19 SCREENING QUESTIONS*

All employees/visitors will have temperature taken and answer the following screening questions upon arrival to school district facilities and document on the form provided. Employees/Visitors cannot remain in the building if they have a fever (defined as temperature greater than or equal to 100.4). *Those who have been in the sun or a hot car may be allowed a 5-minute cooling down period for a temperature re-take.*

1. Do you currently have any one (1) of the following:

- Fever (100.4 or greater)
- Shortness of breath or difficulty breathing
- Loss of taste or smell
- New or worsening cough

AND/OR

Do you have any TWO (2) of the following symptoms:

- Sore throat
- Muscle or body aches
- Chills
- Fatigue
- Headache
- Congestion or runny nose
- Diarrhea
- Nausea or vomiting

2. Have you been diagnosed with COVID-19 within the past 14 days?

3. Are you living in the same household with someone who is currently recovering from COVID-19?

4. Have you been exposed (within 6 feet for greater than 15 minutes with or without a mask) to someone who tested positive to COVID-19 within the past 14 days?

5. Have you traveled internationally or been directed to quarantine for any reason within the past 14 days?

*Please note, a yes to a screening question does not automatically indicate the employee may not work. A yes should lead the screener to ask clarifying questions. **Please contact your assigned nursing supervisor for guidance.**