



COVID-19 SELF SCREENING QUESTIONS

Please remember to do a pre-screening before your child comes to school.

1. Do you have one of the following?

- Fever of over 100.4 F
- If anyone in your family has a fever out of precaution, the students in that family should stay home from school.
- Onset of shortness of breath or difficulty breathing
- New onset of dry cough
- New onset of taste or smell

2. Do you have 2+ of the following?

- Chills longer than two hours
- Congestion and/or runny nose
- Nausea, vomiting or diarrhea
- Sore throat
- Headache
- Muscle Pain

3. Have you had close contact with someone positive for COVID-19?

- Close contact means contact longer than 15 minutes within 6 feet without a face covering or residing with someone who is positive.

4. Have you been directed to self-isolate due to a positive COVID-19 result or having contact with someone with COVID-19?