

Daily Illness Screening Checklist

To assess for wellness daily, please use this screening checklist. Health experts and state and local health officials recommend policies/practices to help stop the spread of COVID-19 within schools. Health experts agree COVID-19 infection generally manifests similarly to other respiratory illnesses.

If any risk factors or symptoms of illness are identified, stay home and call your healthcare provider.

Date _____ Name _____ Cell Phone _____

Have you or any household member been in close contact (less than 6 feet more than 15 minutes in a 24-hour period) with anyone who has tested positive for COVID-19 in the last 14 days?

- Yes
 No
 I do not know

In the past 48 hours have you developed a new onset of any of the following symptoms?

- | | |
|--------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Congestion or runny nose | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Nausea, vomiting, or diarrhea | <input type="checkbox"/> Muscle or body aches |

**Not all COVID-19 related symptoms are listed above. For further information visit the [Centers for Disease Control and Prevention Website](https://www.cdc.gov)*

TEMPERATURE

_____ ° F

Do you have a fever $\geq 100.4^{\circ}$ F?

- No
 Yes

If you have answered **yes** to any of the questions or areas listed above, stay **home** and report the symptoms to the **District's COVID-19 response line** - email covid19reporting@djud.net to receive guidance. Report absence to supervisor or site attendance secretary.