



# DJUSD

DAVIS JOINT UNIFIED  
SCHOOL DISTRICT

## Isolation Area Screening Checklist

Please use this screening checklist to assess a student for illness

Name _____ Date/Time _____		ACTION
<b>Symptoms/Exposure</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Fever <math>\geq 100.4^{\circ}</math> F; Temp _____</li><li><input type="checkbox"/> Chills</li><li><input type="checkbox"/> New onset of body/muscle aches</li><li><input type="checkbox"/> Cough</li><li><input type="checkbox"/> Shortness of breath</li><li><input type="checkbox"/> Congestion or runny nose</li><li><input type="checkbox"/> Sore throat</li><li><input type="checkbox"/> Nausea</li><li><input type="checkbox"/> Vomiting</li><li><input type="checkbox"/> Diarrhea</li><li><input type="checkbox"/> Headache</li><li><input type="checkbox"/> Fatigue</li><li><input type="checkbox"/> New loss of taste or smell</li><li><input type="checkbox"/> Close contact with anyone who tested positive for COVID-19 in past 14 days</li></ul>	<ul style="list-style-type: none"><li>• If symptomatic with no known COVID-19 exposure, student must stay home for 10 days<ul style="list-style-type: none"><li>○ May return earlier with a negative COVID test* AND 24 hours without fever AND other symptoms improve</li><li>○ May also return earlier if a healthcare provider has confirmed alternate diagnosis (e.g., strep throat) and cleared for return to school</li><li>○ If positive, stay home and report case to <a href="mailto:covid19reporting@djUSD.net">covid19reporting@djUSD.net</a></li></ul></li><li>• If checked YES to recent close contact:<ul style="list-style-type: none"><li>○ Visit <a href="#">Yolo County COVID-19 Decision Trees</a> website for K-12 Group Tracing (on campus exposure) or K-12 Off Campus Exposure</li></ul></li></ul>
<b>Known Chronic Conditions</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Asthma</li><li><input type="checkbox"/> Seasonal allergies/hay fever</li><li><input type="checkbox"/> Anxiety</li><li><input type="checkbox"/> Migraines/headaches</li><li><input type="checkbox"/> Stomach problems</li><li><input type="checkbox"/> Other: _____</li></ul>	<ul style="list-style-type: none"><li>• If student has medical documentation for presenting symptom(s), refer to health plan/documentation on file for guidance</li><li>• If symptom(s) is inconsistent with medical documentation of chronic condition, refer to Symptoms/Exposure guidance above.</li></ul>
<b>Report all positive COVID-19 tests and any known COVID-19 household/community exposure to <a href="mailto:covid19reporting@djUSD.net">covid19reporting@djUSD.net</a>.</b>		

If a COVID test kit is not available at the school site today, visit the [Yolo County Health](#) website for testing locations or contact a local pharmacy for free test kits.

Visit the [DJUSD COVID Testing](#)  
website for up-to-date information regarding  
local testing options

\* Both PCR and Rapid Antigen tests are acceptable but Antigen is preferred. Attestation form required for home tests.