



Faculty Screening Tool

Please answer the following questions every day before coming to school. If you can answer "YES" to any of these questions, do NOT come to school and notify the school nurse.

Are you or any household contact suspected of having COVID-19?

NO

Are you or any household contact awaiting results of COVID-19 testing

NO

Has you or any household contact tested positive for COVID-19 in the last 14 days?

NO

Have you been exposed to someone that has tested positive for COVID-19 in the last 14 days?

NO

Are you experiencing any of the symptoms listed below:

- Fever - a temperature of 100.0°F or higher without the use of fever reducers
- A low-grade fever or temperature less than 100.0°F **with** other symptoms
- Persistent cough or a child that is unable to cover mouth during coughing
- Shortness of breath
- Chills
- Generalized body aches or muscle pain
- Severe sore throat or white patches visible upon inspection
- Headache with other associated symptoms
- Loss of taste or smell
- Severe cold symptoms including copious nasal drainage
- Active vomiting or diarrhea
- Eyes that are red, swollen or draining
- Undiagnosed, new, and untreated rash or skin condition
- The first 24 hours after beginning of antibiotic treatment**

NO

Have a great day at school!