



Student COVID Screening Questions

Answers to the questions will determine if a student is able to enter school or needs to stay/go home.

1. Do you have any of the following symptoms?

- New onset cough
- shortness of breath
- difficulty breathing

OR at least 2 of the following:

- fever > 100.4
- diarrhea
- new or atypical headache
- nausea or vomiting
- chills
- congestion or runny nose
- new unexplained muscle pain
- sore throat
- recent sudden loss of sense of smell or taste

Yes No

2. Have you been with anyone in the past 2 weeks that tested positive for COVID-19?

Yes No

3. Has anyone in your house been ill with any of the symptoms listed in question #1 above or been tested for COVID-19 in the past 3 days?

Yes No

If you answered yes to any question:

- **STAY HOME or GO HOME** (if you have not been advised otherwise by your care provider).
- **Call your primary care provider or your State Department of Health for further direction.**

Signature _____

Date _____

Print Name _____