



DJUSD

DAVIS JOINT UNIFIED
SCHOOL DISTRICT

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 (15 min or more in 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 72 hours have you or any household member developed any of the following symptoms?

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- New loss of taste or smell
- Headaches
- Congestion or runny nose
- Sore throat
- Nausea, vomiting, or diarrhea
- 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 or any household member have a fever $\geq 100^{\circ}$ F?

- No
- Yes (check all that apply) Self Household Member

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@djUSD.net or call (530)235-6137** to receive guidance. Report absence to supervisor or site attendance secretary.