DJUSD
DAVIS JOINT UNIFIED SCHOOL DISTRICT

Daily Illness Screening Checklist

Please assess for wellness daily as part of a multi-tiered approach to help stop the spread of COVID-19 within schools.

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

Date _____ Name _____ Cell Phone_____

Have you 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 48 hours have you developed any of the following symptoms?	___ Fever or chills ___ Shortness of breath ___ New loss of taste or smell ___ Congestion or runny nose ___ Nausea, vomiting, or diarrhea ___ Cough ___ Fatigue ___ Headache ___ Sore throat ___ Muscle or body aches **Not all COVID-19 related symptoms are listed above. For further information visit the Centers for Disease Control and Prevention Symptoms Website*
TEMPERATURE	_____ ° F
Do you have a fever **≥100.4° F**?	___ No ___ Yes

If you have answered **yes** to any of the questions listed above, **stay home** and report absence and symptoms to site administrator or attendance secretary. **Report any positive test or positive exposure to the District's COVID-19 response line at covid19reporting@djusd.net**.

Visit the COVID Testing - DJUSD website for current symptomatic testing locations and hours

September 22, 2021