

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 (less than 6 feet more than 15 minutes in a 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 a new onset of 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/coronavirus/2019-ncov/about/cdc-covid-19-resources.html)*

TEMPERATURE

_____ ° F

Do you have a fever $\geq 100.4^{\circ}$ F?

___ No
___ Yes

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** to receive guidance. Report absence to supervisor or site attendance secretary.