

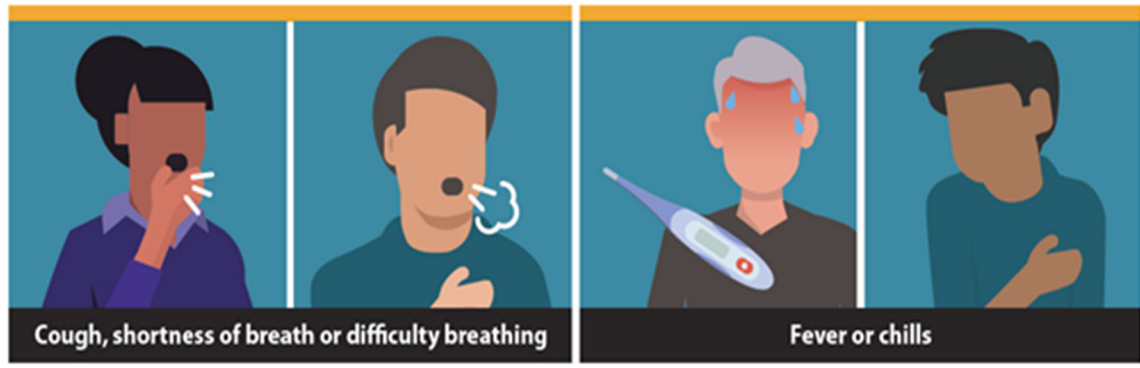
# **SCREENING QUESTIONNAIRE**



**Feeling Sick?**  
Stay home when you are sick!

If you feel unwell or have the following symptoms  
please leave the building and contact your health care provider.  
Notify your supervisor and school nurse.

**DO NOT ENTER** if you have symptoms such as:



## **PLEASE ANSWER THESE QUESTIONS:**

1. Did any of the following symptoms appear within the last 10 days?
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - Fever (at or over 100.4° F)
  - Chills
2. Is your temperature above normal (at or over 100.4° F)?
3. Have you had contact with a person known to be infected with or suspected to have COVID-19 within the last 14 days?

**DO NOT ENTER IF YOU ANSWERED YES TO ANY OF THE QUESTIONS**