

In the last 24 hrs have you had...

Fever

Cough

Shortness of Breath/Difficulty Breathing

Loss of Taste and/or Smell

Sore Throat

Headache

Muscle or body aches

Diarrhea/Nausea/Vomiting

Congestion or runny nose

Fatigue

Have YOU had a positive COVID-19 test in the last 10 days?

Have you had known close contact, live with, or cared for someone who is COVID-19 positive in the last 14 days?

Do you or a household member have a COVID-19 test pending?

“Because your temperature is elevated (or you answered yes to a question in the screening), the CDC is recommending that we separate you from the other individuals. We ask that you return to your car and contact the school nurse for further information.”