



# COVID-19 DAILY SCREENING TOOL

Ask the following 3 questions every day before school/work:

## 3 Questions

### Action

1

*Do I or anyone in my household have any of the following symptoms that are new or worsening?*

- fever or chills
- cough
- shortness of breath
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea



If **YES**  
STAY HOME

2

*Have I or anyone in my household been confirmed/suspected with COVID-19 in the last 14 days?*



If **YES**  
STAY HOME

3

*Have I been notified that I am a close contact\* with someone who has tested positive for COVID-19 in the last 14 days?*



If **YES**  
STAY HOME

\*Close Contact - someone who has spent 15 minutes or more time cumulatively over 24 hours masked or unmasked within 6 feet or less of a person who tested positive, starting from 48 hours before the person began feeling sick

If a student, staff member or visitor answers "YES" to any of the above questions, they should:

• Remain Home **DO NOT** go to school/work

• **DO** notify your child's school/staff member's supervisor