COVID-19 Screening Tool

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| Students, Staff, Parents or teachers Name: |  |
| Date: |  |
| Time: |  |

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| Symptoms: | YES | NO |
| Cough |  |  |
| Recent Pneumonia/flu |  |  |
| Chills |  |  |
| Runny/Stuffy Nose |  |  |
| Shortness of Breath |  |  |
| Sore Throat |  |  |
| Fever of 100.4F or higher |  |  |
| Have you Traveled out of the country in the last 14 days to a level 2 or 3 country as determined by the center for Disease Control and Prevention? |  |  |
| Have you been to or traveled through an area within the US that has communicable Spread of the disease in the last 14 days? |  |  |
| Have you had exposure to someone with, or under investigation for COVID-19? |  |  |

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| Student, stuff, Parents or teachers Temperature: |  |
| Cleared to provide patient care/enter facilities (Circle One): | YES NO |
| **Student, Staff, Parents or teachers are not Eligible to participate if positive for Three (3) symptoms and/or fever greater than 100.4F OR Traveled to an area of possible exposure and is exhibiting any symptoms. Not eligible to return to participate until symptoms free for 24 hours.** | |

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| Student, Staff, Parents or teachers Signatures: |  |
| Supervisor Signature: |  |