



SELF-SCREENING CHECKLIST

Name: _____
Date: _____ Mobile Number: _____
School: _____ Temperature: _____

The health and well-being of the school community members are of the utmost importance and the school is taking measures to maintain a safe environment. This self-screening checklist should be reviewed daily by employees and by parents on behalf of their child(ren). If you have a temperature over 100.3 F, any of the symptoms listed below, or answer yes to either question, please return home for your safety and the safety of others. Thank you for your prayerful care of God's people.

Are you showing any of the following symptoms listed by the CDC related to COVID-19?

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Feeling feverish or a measured temperature higher than 100.3 degrees

Have you had known close contact with a person who is lab-confirmed to have COVID-19, as defined by the CDC or is exhibiting symptoms and awaiting test results?

- Yes
- No

Have you had been tested or had a positive lab-confirmed diagnosis of COVID-19 in the last 14 days?

- Yes
- No