

### Health Screening Checklist

**This screening should be done by staff at the beginning of the day before coming to school. If the answer is yes to any of the questions, please stay at home and inform the correct supervisor with details on symptoms.**

1. Do you have a fever (38C), do you feel warm, or feel chills?

- Yes  
 No

2. Do you have any of the following respiratory symptoms?

- New continuous cough (regularly for over an hour or multiple episodes over 24 hours)  
 Sore throat  
 Runny nose

3. Loss of sense of taste or smell in the last 24 hours.

- Yes  
 No

4. Have you, or someone in your household, had close contact with a suspected or known COVID-19 patient (spent longer than 15 minutes within 1.5m of someone who was sick with a fever and cough)?

- Yes—Stay home immediately and self-isolate for 10 days if asymptomatic  
 No

If you answer no to all 4 questions, then you should come to work.

If you answer yes to questions #1 or #2, please stay home and inform us. If you answered yes to #3 or have a persistent fever (more than 24 hours) and respiratory difficulties combined with any of the following: general weakness/fatigue; headache; sore throat; nausea/vomiting; diarrhea or confusion, please see a doctor and isolate at home until you are asymptomatic for 4 straight days without the use of any medications or longer as directed by a doctor.

If you develop a fever OR any of the respiratory symptoms at school, you will be assessed at school and then sent home to self-isolate until you are asymptomatic for 4 straight days without the use of any medications.