

Back to School | COVID-19 Screening Tool

Recommended tool to screen students, teachers, and staff for symptoms of COVID-19.

SYMPTOMS

Are you experiencing any of these COVID-19 symptoms?	YES	NO
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Feeling achy	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath / difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
New or unusual headache in the last 24 hours	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Tingling or numbness	<input type="checkbox"/>	<input type="checkbox"/>

RISK FACTORS

Do any of the following risk factors apply to you?	YES	NO
In the last 24 hours have you been in contact with anyone with a known case of the COVID-19 virus?	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "YES" to any of the above questions you may have risk factors for COVID-19. Please contact your primary care provider to seek guidance before you or your child attends school.