

# STAFF AND STUDENT AT-HOME SCREENING CHECKLIST FOR SCHOOLS

**CORONAVIRUS**  
COVID-19

If a child or staff has any of the following symptoms, this indicates a possible illness and puts them at risk for spreading illness to others.

## SYMPTOMS

- Fever (100.4 degrees or greater)
- Chills
- Sore throat
- Headache
- Cough
- Muscle or body aches
- Diarrhea (2x in 24 hours)
- Extreme fatigue
- Shortness of breath/difficulty breathing
- New loss of taste/smell
- Nausea or vomiting (2x in 24 hours)
- Congestion or runny nose

## SCREENING QUESTIONS TO CONSIDER

1. Are you currently experiencing any of the symptoms listed above unrelated to a known pre-existing condition (e.g. Asthma, Allergies)?:  
 Yes       No
2. Have you traveled internationally within the last 14 days?  
 Yes       No
3. Have you had close contact (within 6 ft for 15 minutes or greater) with anyone (including household members) who had a positive COVID-19 diagnostic test in the past 14 days?  
 Yes       No

## HOW TO RESPOND

- If the individual answers NO to all questions, they have passed the screening and can begin working and/or attend school.
- If the answer to any of the questions above is “yes”, STAY HOME and consult your healthcare provider. If a healthcare provider determines that the symptoms are due to another diagnosis or COVID-19 is ruled out, you may return to school after being fever free for 24 hours without the use of fever-reducing medications and symptoms have improved.

For more information, visit [oakgov.com/covid](https://oakgov.com/covid).  
Questions? Contact Nurse On Call at 1.800.848.5533