



DAILY SCREENING QUESTIONS

- 1) Does your child (or you if a staff member) have a temperature $>100^{\circ}\text{F}$ without fever reducing medications?
- 2) Have you or anyone in your household tested positive for COVID-19 in the past 14 days?
- 3) Have you or anyone in your household experienced symptoms of COVID-19 in the past 14 days?

(symptoms include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, headache, muscle or body aches, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, fatigue, or new loss of taste and/or smell)
- 4) Have you been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?
- 5) Have you traveled internationally, to a restricted state, or been in close contact with anyone who has returned from a restricted state in the last 14 days?