

COVID-19 Self-Screener for Staff

Every morning before you come to work, please check for signs of illness:



FEVER 100.4° OR CHILLS



SORE THROAT, RUNNY NOSE
OR CONGESTION



COUGH OR SHORTNESS OF
BREATH



DIARRHEA, NAUSEA OR
VOMITING, ABDOMINAL PAIN



HEADACHE, MUSCLE ACHES,
OR FATIGUE



NEW LOSS OF
TASTE OR SMELL

- 1 Do you have any sign of illness above?
 - 2 Were you in close contact (within 6 feet or more than 15 minutes) with anyone confirmed with COVID-19? *Skip this question if you are fully vaccinated. (Fully vaccinated is 14 days after your second shot of Pfizer or Moderna, or single shot of Johnson and Johnson.)*
 - 3 If the answer is YES to any of the questions, DO NOT come to work. Instead, begin isolation and contact your healthcare provider. Notify your supervisor and school nurse that you will not be at work. Have you been tested for COVID-19? Only a positive test or provider diagnosis can confirm if someone has a current infection.
 - 4 Please stay home until you are cleared by a healthcare provider.
- *If you have trouble breathing, chest pain, new confusion, inability to wake or stay awake, or bluish lips or face*

CALL 911