



# COVID-19 Screening Tool (Adults)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. **EXPOSURE:** Have you been exposed to anyone with a confirmed case of COVID-19 in the past 14 days?

- YES
- NO

**If YES ⇒ DO NOT ATTEND**

2. **TEMPERATURE:** \_\_\_\_\_ °F

- Temperature taken on-site
- Temperature taken at home

**IF 100°F or higher ⇒ DO NOT ATTEND**

3. **SINGLE SYMPTOMS:** Do you have any of the following?

- Cough
- Shortness of breath
- New loss Taste/Smell
- NONE** \*(Grown-Up: **NONE**)

**If YES to any ONE symptom ⇒ DO NOT ATTEND**

4. **TWO+ SYMPTOMS:** Do you have any of the following?

- Chills
- Sore throat
- Nausea/Vomiting
- Diarrhea
- Muscle pain
- Headache
- Congestion/Runny Nose
- Fatigue
- NONE**

**If YES to 2+ symptoms ⇒ DO NOT ATTEND**

I attest to the accuracy of the information provided on this page. I further understand that my actions related to Covid safety affect our communities including other students, families, and our teachers and staff.

Signature: \_\_\_\_\_