## **Parent & Visitor Health Screening Checklist:**

## Take your temperature every day

## And

## **Answer the following questions:**

- 1. Do I have a fever 100.4 degrees Fahrenheit or higher?
- 2. Do I have a new cough or a cough that is getting worse?
- 3. Do I have difficulty/hard time breathing?
- 4. Do I have a new loss of taste or smell?
- 4. Do I have 2 of the following symptoms:
  - Sore throat?
  - Nausea?
  - Vomiting?
  - Diarrhea?
  - · Chills?
  - Muscle pain?
  - Extreme fatigue/feeling very tired?
  - New severe/very bad headache?
  - New nasal congestion/stuffy or runny nose?

If you answered yes to <u>any</u> of the above questions, do not come to any school building. Contact the person you were there to meet to inform them that you will not be coming.

Contact your health care provider to determine what your next steps should be.