



COVID-19 Screening

For the safety of our school community, if you answer YES to any of these questions, you may not enter this building or participate in activities or athletics.

Do you have or have you recently had any of the following?

1. A fever 100.4 or higher
2. A cough that cannot be attributed to another health condition
3. Shortness of breath that cannot be attributed to another health condition
4. A loss of the sense of smell or taste
5. Muscle aches or pains (myalgias) that cannot be attributed to another health condition or that may have been caused by a specific activity, such as physical exercise
6. A sore throat that cannot be attributed to another health condition
7. Close contact with a person who has a suspected or confirmed case of COVID-19 or demonstrated any of the symptoms listed here
8. Chills or repeated shaking with chills
9. A headache that cannot be attributed to another health condition

You may not enter the building or participate in activities or athletics if you are experiencing any of the symptoms listed above.

These screening questions are based on a review of screening protocols from multiple health agencies.