

## Timberlane School District Daily Home Screening for Students and Staff for COVID 19

Please complete this short home screening each morning and report any concerns that you have may have to your school nurse. This form does not need to be turned in but is merely a tool to self check COVID 19 symptoms.

Thank You!

Does the individual have any new or unexplained symptoms of COVID 19?

## Including:

Temperature of 100 F or greater
chills
cough,
shortness of breath
sore throat
nasal congestion,
runny nose
fatigue,
muscle or body aches
headache

new loss of taste or smell

nausea or vomiting, diarrhea

Has had close contact with someone who is suspected or confirmed to have COVID-19 in the prior 10 days?

Traveled in the prior 10 days internationally or on a cruise ship?

\* \* If you plan to travel with your family, please notify the school nurse. They can assist you with the travel and quarantine guidance. \*\*