



## 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 14 days?

Traveled in the prior 14 days outside of New England (outside of NH, VT, ME, MA, CT,RI)?

Note: because the epidemiology of the COVID-19 pandemic is rapidly changing, school officials should check with NH DPHS and the NH DOE to ensure that schools are using the most up-to-date travel risk factor screening questions.