

Daily Illness Screening Checklist

health officials recommend policic Health experts agree COVID-19	ase use this screening checklist. Hea es/practices to help stop the spread of infection generally manifests similarly fillness are identified, stay home from	of COVID-19 within schools. to other respiratory illnesses.
healthcare provider.		
Has the student or any household member been in close contact (15 min or more in 24 hour period) with anyone who has tested positive for COVID-19 in the last 14 days?	Yes No I do not know	
In the past 72 hours has the student or any household member developed any of the following symptoms?	Fever or chills	Cough
	Shortness of breath	Fatigue
	New loss of taste or smell	Headaches
	Congestion or runny nose	Sore throat
	Nausea, vomiting, or diarrhea	Muscle or body aches
	*Not all COVID-19 related symptoms information visit the <u>Centers for Disa</u> <u>Website</u>	
Does the student or any household member have a fever 100° F or higher?	Yes Temperature No	°F
If you have answered yes to any of the questions or areas listed above please stay home , report the absence and symptoms to the attendance secretary and to the District's COVID-19 line by calling (530)235-6137 or emailing <u>covid19reporting@djusd.net</u> to receive guidance.		