

Complete Daily Prior to School/Work*

Employee or Student Name:

Assigned Class/Group:

Temperature:

Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

Are you/is the student experiencing any of the following?

Group A 1 or more symptoms	Group B 2 or more symptoms
Cough Shortness of breath Difficulty breathing New olfactory disorder New taste disorder	Fever (measured or subjective) Chills Rigors Myalgia Headache Sore throat Nausea or vomiting Diarrhea Fatigue Congestion or runny nose

Stay home if, you or the student:

Have one or more symptoms in Group A **OR**

Have two or more symptoms in Group B **OR**

Are taking fever reducing medication.

**May be utilized as a screening tool for both at home and on-site screening practices.*