

COVID-19 Health Screening Checklist

Part 1	YES	NO
Has the student been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?		
Has the student been diagnosed with COVID-19 in the last 10 days?		
Has the student developed any of the following symptoms in the last 24 hours: Cough, SOB or trouble breathing, new loss or sense of taste or smell, vomiting, diarrhea, a fever of 100.4 or greater/chills, loss of speech or mobility, confusion, chest pain?		
Has the student taken medication in the last 24 hours to lower temperature (ex: Tylenol, ibuprofen)		



If "YES" to ANY question in **Part 1**, the student should be sent home / stay home.

If "NO" to ALL questions in **Part 1**, proceed to **Part 2**.

Part 2	YES	NO
Has the student developed any of the following (2 or more) symptoms in the last 24 hours?	Sore throat	
	Unusual fatigue	
	Runny nose	
	Nasal congestion	
	Nausea	
	Headache	
	Muscle or body aches	
	Rash or discoloration on hands or feet	
Red or irritated eyes		

If "YES" to 2 or more symptoms in **Part 2**, student should be sent home / stay home.



If a student or anyone in their household is being tested for COVID-19, they cannot return without a negative PCR test.

Follow the "Student Quarantine and Isolation Guidance by the Washington Ozaukee Public Health Department.

*If a household member is being tested for COVID-19, all household members must quarantine until PCR results arrive.

* **90 day immunity:** Close contacts who had a positive COVID-19 PCR test within the last 90 days and do not have symptoms, do not need to quarantine. If symptoms develop, they should follow the COVID-19 isolation procedures and consult with a medical provider

This document was created and adopted as recommendation from the CDC, DHS, and WOPHD.