

STAFF AND STUDENT AT-HOME SCREENING CHECKLIST FOR SCHOOLS

If a child or staff member has any of the following symptoms, this indicates a possible illness and puts them at risk for spreading illness to others.

SCREENING QUESTIONS AND HOW TO RESPOND.

1. Are you currently experiencing ONE or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

 New cough
 Shortness of breath
 Difficulty breathing

O Chills (rigors)

○ Headache

 \bigcirc No I am not experiencing one or more of the above symptoms.

If you are experiencing one or more of the above symptoms, stay home, consult your medical provider, and get tested for COVID-19.

2. Are you currently experiencing any TWO of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

○ Fever (100.4 degrees or greater)

○ Fatigue

Nausea or vomiting (2x in 24 hours)

○ No I am not experiencing two or more of the above symptoms.

O Diarrhea (2x in 24 hours)

Muscle aches (myalgias)

If you are experiencing two or more of the above symptoms, stay home, consult your medical provider, and get tested for COVID-19.

If experiencing only one of these symptoms, stay home and consult your medical provider. You may return to work/school after being fever free for 24 hours without taking fever reducing medication and symptoms have improved.

3. Have you had close contact (within 6 ft for 15 minutes or greater) with anyone (including household members) who had a positive COVID-19 diagnostic test in the past 14 days?

○ Yes ○ No

If yes to question 3, the CDC requires a 14 day quarantine from last date of exposure.

If you answer NO to all the above questions, you have passed the screening and can begin working and/or attend school.

4. Have you traveled internationally within the last 14 days?

○ Yes ○ No

If yes to question 4, the Centers for Disease Control and Prevention (CDC) recommends to stay home as much as possible for 14 days, avoid contact with those at high-risk for COVID-19 infection, and consider getting tested.

For more information, visit oakgov.com/covid. Questions? Contact Nurse On Call at 1.800.848.5533



The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

 $COVID_{10}$

New loss of taste or smell

O Congestion or runny nose

○ Sore throat