

## MAPS DAILY HOME HEALTH SCREENING

The health and safety of students and staff remains our top priority. **It is important that all families and staff complete the following health screening every morning before going to school.**

**Are you experiencing any of the following symptoms? If so, you must stay home from school.**

- ☐ Fever (Temperature over 100 degrees F or 37.8 degrees C)
- ☐ New Cough or Cough that gets worse
- ☐ Difficulty or trouble breathing
- ☐ New loss of taste or smell

**Are you experiencing any two or more of the following symptoms? If so, you must stay home from school.**

- ☐ Sore Throat   Chills
- ☐ New or Severe Headache
- ☐ Nausea (do not send if vomiting or having diarrhea)
- ☐ Runny Nose/Congestion
- ☐ Muscle Pain/aches
- ☐ Excessive Fatigue (extreme tiredness)

Please indicate yes or no next to the following statements:	Yes	No
Have <b>you</b> , or anyone you have been in <b>close contact</b> with in the last 10 days, been <b>diagnosed with COVID-19</b> ?		
Have you been asked to <b>self-isolate or quarantine</b> by a medical professional or a local public health official?		
Are you, or is any member of your household who is symptomatic (has symptoms consistent with COVID-19) currently <b>waiting for COVID-19 test results</b> ?		

**If you answered YES to any of the questions in the checklist, please STAY HOME and do not come to school.**

- Contact your healthcare provider to determine if further action should be taken.
- Report any student absences to your school.