

## SELF HEALTH ASSESSMENT

### TO BE COMPLETED **DAILY** PRIOR TO LEAVING YOUR HOME FOR SCHOOL

Place this form in prominent place in your home for reference. This form does not need to be submitted upon arrival. Simply stay home if you answer "yes" to any questions.



**Only proceed to school if you and your student can confidently answer "NO" to each question. Complete this assessment daily.**

- Have you felt feverish?
- Do you have a cough?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or a shortness of breath?
- Do you have muscle aches?
- Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors<sup>1</sup>?
- Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?
- Is anyone in your household displaying any symptoms of COVID-19?
- To the best of your knowledge, have you or anyone in your household come into close contact<sup>2</sup> with anyone who has tested positive for COVID-19?

<sup>1</sup> Rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature

<sup>2</sup> Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing N95 mask during period of contact.