

TEMPERATURE _____

St. Peter Lutheran School COVID-19 Self-Screener Questionnaire

All St. Peter students and staff must complete this self-screening questionnaire daily and present it upon arrival at St. Peter. (Parents should complete this for their student.)

A wide range of symptoms have been reported among those who have tested positive to COVID-19. These symptoms range from mild to severe illness. Symptoms may appear 2-14 days after virus exposure.

HAVE YOU EXPERIENCED ANY OF THE CURRENTLY KNOWN SYMPTOMS OF COVID-19 LISTED BELOW IN THE PAST 24 HOURS?

- 1. Fever (Temperature greater than 100.4 degrees F: YES ____ NO ____)
- 2. Cough: YES ____ NO ____
- 3. Shortness of Breath or Difficulty Breathing: YES ____ NO ____
- 4. Chills: YES ____ NO ____
- 5. Fatigue: YES ____ NO ____
- 6. Muscle and Body Aches: YES ____ NO ____
- 7. Headache: YES ____ NO ____
- 8. Sore Throat: YES ____ NO ____
- 9. New Loss of Taste or Smell: YES ____ NO ____
- 10. Congestion or Runny Nose: YES ____ NO ____
- 11. Nausea: YES ____ NO ____
- 12. Vomiting: YES ____ NO ____
- 13. Diarrhea: YES ____ NO ____
- 14. YES ____ NO ____ Outside of the work environment in the last 14 days, have you had close* contact with or cared for someone diagnosed with COVID-19 or that had all the currently known symptoms of COVID- 19 that are listed above?

*Close contact is defined as being within approximately 6 feet of a COVID-19 case for greater than 15 minutes, close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (i.e. being coughed on). If the answer is YES to any of the above questions, DO NOT come to school.

Name _____ Grade _____ Date _____

Parent Signature _____

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