



Mansfield Public Schools

STUDENT

Daily Self Symptom Screening for COVID-19

Student or Parent/Guardian

Please complete this checklist each morning.

Section 1:

Do you have a:

- Fever (temperature over 100.0 F) without having taken any fever reducing medications, chills or shaking chills?
- Cough (***not due to other known cause, such as chronic cough***)
- Difficulty breathing or shortness of breath
- New lost of taste or smell
- Sore throat
- Headache, ***in combination of other symptoms***
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, ***in combination with other symptoms***
- Nasal congestion or runny nose, (***not due to other known causes, such as allergies***) ***in combination with other symptoms***

Section 2:

Have you:

- Had close contact (within 6 feet of an individual for at least 15 minutes) with a person with confirmed COVID-19?
- Traveled or come from an area where the local/state health department is reporting large numbers of COVID-19 cases?

If you have checked **YES to any of the above questions, please remain home and contact your primary care provider for guidance or testing.**