

Daily Wellness Checklist for Staff

*Daily Wellness Checks are a **VERY IMPORTANT** part in keeping you, our student body, and community safe. **PLEASE** complete this Wellness Checklist each day prior to arriving at school/work to prevent viruses from spreading rapidly. Your attendance at work indicates you have completed this screening and are fit for work. **REMEMBER**, We are all in this together!*

1. Have I or members of my household been in contact with anyone who has symptoms and/or has tested positive for COVID-19? Y/N

2. After checking my temperature this morning before school, do I have a temperature of or greater than 100.4? Y/N

3. Have I taken any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)? Y/N

4. Am I experiencing any of the following? Y/N

Group A 1 or more symptoms	Group B 2 or more symptoms
Cough Shortness of breath Difficulty breathing New olfactory disorder(change or loss of smell) New taste disorder (change or loss of taste)	Fever(measured or subjective) Chills Rigors(shaking with chills) Myalgias (Muscle pain) Headache Sore throat Nausea or Vomiting Diarrhea Fatigue Congestion or runny nose

Please stay home and call the school nurse, if you

- Have one or more symptoms in Group A OR
- Have two or more symptoms in Group B OR
- Are taking fever reducing medication.