

# UPPER ST. CLAIR SCHOOL DISTRICT

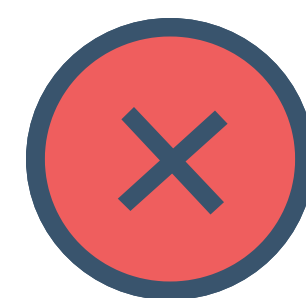
## DAILY HEALTH CHECK

### 1 HIGH RISK TRAVEL

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELED OUTSIDE OF PA TO ANY STATE THAT IS CONSIDERED A HIGH-RISK LOCATION ACCORDING TO THE PA DEPARTMENT OF HEALTH?  
[INFORMATION FOR TRAVELERS: 1-877-PA-HEALTH OR [HTTP://HEALTH.PA.GOV](http://health.pa.gov)]



IF NO, CONTINUE  
TO NEXT  
QUESTION



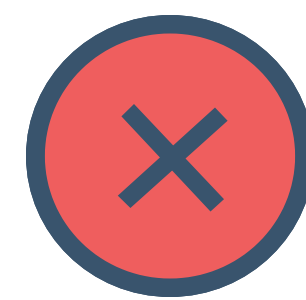
IF YES, DO NOT ENTER  
DISTRICT BUILDINGS

### 2 EXPOSURE

ARE YOU AWARE OF ANY CONTACT WITHIN THE PAST 14 DAYS WITH SOMEONE WHO HAS BEEN DIAGNOSED WITH COVID-19?



IF NO, CONTINUE  
TO NEXT  
QUESTION



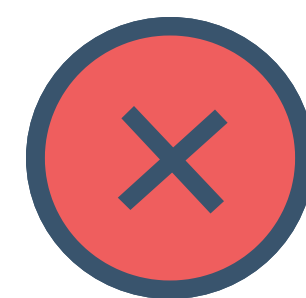
IF YES, DO NOT ENTER  
DISTRICT BUILDINGS

### 3 SYMPTOM GROUP A

DO YOU HAVE 1 OF ANY OF THE FOLLOWING SYMPTOMS:  
COUGH, SHORTNESS OF BREATH, DIFFICULTY BREATHING, NEW LOSS OF TASTE OR SMELL, OR ARE YOU TAKING MEDICINE TO TREAT/REDUCE A FEVER?



IF NO, CONTINUE  
TO NEXT  
QUESTION



IF YES, DO NOT ENTER  
DISTRICT BUILDINGS

### 4 SYMPTOM GROUP B

DO YOU HAVE 2 OF MORE OF ANY OF THE FOLLOWING SYMPTOMS:  
FEVER/FEVERISH, SORE THROAT, RUNNY NOSE/CONGESTION, CHILLS, RIGORS, MYALGIA (MUSCLE PAIN), NAUSEA/VOMITING, HEADACHE, FATIGUE, DIARRHEA?



IF NO, YOU MAY  
ENTER A DISTRICT  
BUILDING



IF YES, DO NOT ENTER  
DISTRICT BUILDINGS