

UPPER ST. CLAIR SCHOOL DISTRICT

DAILY HEALTH CHECK

1 EXPOSURE

HAVE YOU BEEN NOTIFIED THAT YOU ARE A CLOSE CONTACT OF SOMEONE WHO HAS BEEN DIAGNOSED WITH COVID-19 WITHIN THE PAST 10 DAYS?



IF NO, CONTINUE
TO NEXT
QUESTION



IF YES, DO NOT ENTER
DISTRICT BUILDINGS

2 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

3 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