

**Mehlville School District
COVID-19 Screening**

Visitor's Name: _____ Date: _____

The screening protocol outlined below is based on the following:

- A review of screening protocols from multiple agencies
- Recommendations by the CDC
- A literature review of the most common signs and symptoms of COVID-19

Questionnaire:

“YES or “NO”, have you had any of the following:

A fever of 100.4 or higher, chills or repeating shaking with chills.	YES <u>NO</u>
A cough that cannot be attributed to another health condition.	YES <u>NO</u>
Shortness of breath or difficulty breathing that cannot be attributed to another health condition.	YES <u>NO</u>
A loss of the sense of smell or taste.	YES <u>NO</u>
Muscle aches or pains (myalgias) or general fatigue that cannot be attributed to another health condition or may have been caused by a specific activity, such as physical exercise.	YES <u>NO</u>
A sore throat that cannot be attributed to another health condition.	YES <u>NO</u>
Congestion or runny nose that cannot be attributed to another health condition.	YES <u>NO</u>
A headache that cannot be attributed to another health condition.	YES <u>NO</u>
Nausea, vomiting or diarrhea.	YES <u>NO</u>
Close contact in the past two weeks with a person who has a suspected or confirmed case of COVID-19.	YES <u>NO</u>

Signature: _____

(Parents and/or guardians may fill out this sheet for students.)

Please sign your name on this sheet indicating that you are answering NO to the following questions.