



Health Screening Questionnaire

COVID-19 health screening questions to be checked daily by a parent/guardian, and staff members

Staff and students should remain at home if ANY of the responses are “YES”

YES or NO since your last day of school/work have you had any of the following symptoms?	Yes	No
Feeling feverish and/or having chills – documented temperature of 99.6° F or higher?		
Has there been any use of fever reducing medication within the last 24 hours?		
A new cough that is not due to another health condition?		
Nasal congestion or runny nose?		
New shortness of breath or difficulty breathing that is not due to another health condition?		
New chills that are not due to another health condition?		
A new sore throat that is not due to another health condition?		
New muscle aches that are not due to another health condition, or that may have been caused by a specific activity (such as physical exercises)?		
Fatigue (more tired than usual)?		
Headache?		
A new loss of taste or smell?		
Abdominal pain, diarrhea, nausea, or vomiting?		
New onset of poor appetite or poor feeling?		
Have you had a positive test for the virus that causes COVID-19 disease within the past 10 days?		
Were you currently tested for COVID-19 because you were sick and are still waiting for the lab results?		
In the past 14 days, have you had close contact (within about 6 feet for 15 minutes or more) with someone with suspected or confirmed COVID-19?		

All information on this form has been obtained from Fairfax County Schools website