

NAME:



Loudoun County Public Schools

COVID-19 Prevention

Daily Questionnaire for Students, Staff and Visitors

Answer "YES" or "NO" Have you had any of the following?

1. A new fever (100.4°F or higher) or a sense of having a fever?
Answer: YES_____ NO_____

Has medication been taken to reduce a fever within the last 24 hours?
Answer: YES_____ NO_____

2. A new cough that you cannot attribute to another health condition?
Answer: YES_____ NO_____
3. New shortness of breath that you cannot attribute to another health condition?
Answer: YES_____ NO_____
4. A new sore throat that you cannot attribute to another health condition?
Answer: YES_____ NO_____
5. New muscle aches (myalgia) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?
Answer: YES_____ NO_____
6. A New onset of loss of sense of taste or smell?
Answer: YES_____ NO_____
7. Nausea or Vomiting?
Answer: YES_____ NO_____
8. Diarrhea?
Answer: YES_____ NO_____
9. Congestion or runny nose?
Answer: YES_____ NO_____
10. Have you been around someone who is sick?
Answer: YES_____ NO_____
11. Have you been around someone who has tested positive for COVID-19?
Answer: YES_____ NO_____

If you answered "YES" to any of the questions above:

- **DO NOT report to school.**
- **Call your medical provider for instructions if you have not already done so.**

Questions included in this document may be changed as the COVID-19 situation continues to evolve.

SIGNATURE:

DATE:

June 30, 2020