



COVID-19 Screening

1. Do you have any of the following symptoms within the last day that are not caused by another condition?
 - Fever (100.4°F) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Unusual fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. Have you been in close contact with anyone with confirmed COVID-19?
3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID19 infection?

If you answered "YES" to ANY of these questions, please stay home and call your building nurse for guidance and a return to school date. If you need further guidance, please contact a local healthcare provider, or the Snohomish Health District.