

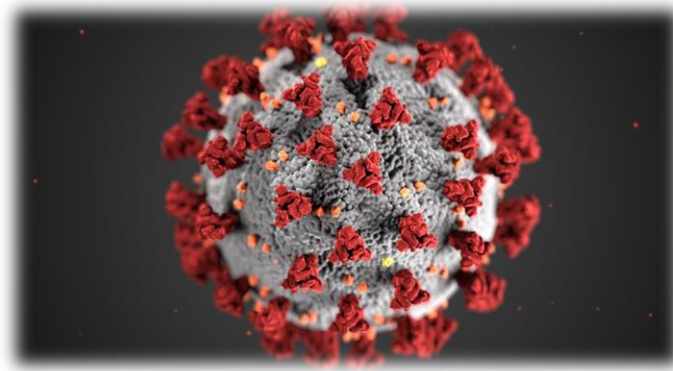


*Mrs. Miskia Davis, Superintendent*

*"United For Excellence"*

# SCCSD School Health Services COVID-19 Screening Tool

*A Ready Resource for SCCSD Nurses, Principals, & Educators*



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1. Do you have a temperature of 100.4 degrees Fahrenheit or greater? Y/N
2. Have you or anyone in your household had any contact with someone who has confirmed or suspected COVID-19 (coronavirus disease) within the last 14 days? Y/N
3. Do you feel ill today? Y/N
4. Are you experiencing any of the following symptoms: Y/N
  - Cough
  - Shortness of Breath
  - Chills
  - Muscle Pain
  - Headache
  - Sore Throat
  - New Loss of Taste or Smell

***\*If you answer Yes (Y) to any of the above questions, please do not proceed to your assigned work area and immediately notify your building's administrator for direction.***