



District 54 COVID-19 | Student and Staff Self-Screener Checklist Form

STUDENT/STAFF NAME: _____

DATE: _____

All District 54 parents/guardians must complete the screening questions listed below each morning prior to their child getting on a bus or reporting to school. All employees must complete as well. An email with a link to the screener will be sent to the priority email at 5:30 a.m. each day the student or employee is scheduled to attend school in person. Individuals without access to email, may complete this form. People with COVID-19 have had a wide range of reported symptoms, ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

Has the student or employee experienced ANY of the symptoms of COVID-19 below in the past 24 hours? Check all that apply.

1. Fever: Yes _____ No _____
(Temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius)
2. New Cough: Yes _____ No _____
3. Shortness of Breath: Yes _____ No _____
4. Sore Throat: Yes _____ No _____
5. New Loss of Taste or Smell: Yes _____ No _____
6. Vomiting: Yes _____ No _____
7. Diarrhea: Yes _____ No _____
8. Muscle or Body Aches from an Unknown Cause:
__ Yes __ No __ Yes, but I have been vaccinated for COVID-19 within the past 48 hours
9. Fatigue from an Unknown Cause:
__ Yes __ No __ Yes, but I have been vaccinated for COVID-19 within the past 48 hours
10. New Onset of Moderate to Severe Headache:
__ Yes __ No __ Yes, but I have been vaccinated for COVID-19 within the past 48 hours

Close Contact

Outside of the school environment in the last 14 days, have you had close contact with or cared for someone diagnosed with COVID-19 or that had any of the symptoms of COVID-19 listed above? Close Contact with a case is defined as living in the same house as a case, being an intimate partner of a case, being a caregiver of a case, or being within 6 feet of a case for longer than 15 cumulative minutes over 24 hours with or without a mask and not fully vaccinated. If the source case was symptomatic (e.g. coughing, fever), individuals with a briefer period of exposure may also be considered contacts and be required to quarantine. www.dph.illinois.gov/covid19/community-guidance/home-quarantine-guidance

Yes _____ No _____

Are you currently awaiting COVID-19 test results?

Yes _____ No _____

If the answer is YES to any question, *DO NOT* come to school and call the school office. In addition, any school age children living in the home are not to come to school.