



Daily Health Screening Questions for COVID-19:

1. Have you been diagnosed to have confirmed or suspected COVID-19 in the last 14 days?
2. Have you had contact with another person who is confirmed or suspected to have COVID-19 in the last 14 days?
3. Have you had one or more of these symptoms in the last 14 days?
 - a. Fever at or greater than 100 degrees
 - b. Shortness of breath or difficulty breathing
 - c. Cough
 - d. Chills
 - e. Muscle pain
 - f. Headache
 - g. Sore throat
 - h. Vomiting or diarrhea
 - i. Loss of taste or smell
4. Have you taken medication to reduce fever in the last 14 days?

At this time, LA Unified is NOT taking employee temperatures.

Keeping safe and healthy is everyone's job!