



DAILY HEALTH SCREENING QUESTIONS FOR COVID-19



Do you agree to the statement below? Please respond as accurately and honestly as possible.

I am feeling well. I have not had any of the symptoms below in the past 14 days.



Fever of 100 degrees or greater



Shortness of breath or difficulty breathing



Chills



Fatigue (new or severe)

Any of the following not due to a chronic condition



- Cough
- Congestion or Runny Nose
- Muscle or body aches
- Headache
- Sore throat
- Nausea/Vomiting
- Diarrhea
- Loss of taste or smell

I have **not** been in close physical contact with anyone with these symptoms, or a COVID-19 case, in the past 14 days.

I have not been informed by my medical provider that I have COVID-19 in the past 14 days.

I have not had a positive test result in the past 14 days.

I am not currently under a quarantine or isolation order.

I have not traveled outside of Southern California in the past 10 days.

I have been as safe as possible.

If you “disagree” with any of the above, you will not be allowed to enter a school or District office and you can schedule a COVID-19 test if you are an employee or student at <https://dailypass.lausd.net>.

Subject to change depending on the LA County Department of Public Health (12/07/20).