## Odessa School District #105

PO Box 248 Odessa, WA 99159

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## COVID-19 DAILY HEALTH SCREENING QUESTIONNAIRE

Please answer the following questions every day to the best of your ability and knowledge.

1. Measure your current body temperature with a thermometer (if available) and write it here degrees				
2. Do you have any of the following symptoms within the last day that are not caused by another condition?				
Fever of 100.4° or higher or chills	□Yes	$\square$ No		
Cough	$\Box$ Yes	□No		
Shortness of breath or difficulty breathing	□Yes	□No		
Fatigue	$\Box$ Yes	□No		
Muscle or body aches	$\Box$ Yes	$\square$ No		
Headache	□Yes	□No		
Loss of taste or smell	□Yes	□No		
Sore throat	□Yes	□No		
Congestion or runny nose	□Yes	□No		
Nausea or vomiting	□Yes	□No		
Diarrhea	$\Box$ Yes	□No		
3. Have you been in close contact with anyone with confirmed COVID-19? □Yes			□No	
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 COVID 19-infection? □Yes □				□No
5. 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? □Yes □				□No
If you answered YES to ANY of the items Stay home and DO NOT enter the school				
If you answered NO to ALL of the items, sign below and attend school.				
Student Name(s):				
Parent or Student Signature:		Date:		
*Parent Signature required for all students under the age of 13				

Thank you for helping to keep yourself, your family and our students safe and healthy!

"Excellence in Education is the Commitment of the Odessa School District"