



Loudoun County Public Schools

COVID-19 Prevention

Daily Questionnaire for Students, Staff and Visitors

Name: _____
Date: _____
Emergency Contact: _____
Emergency Phone: _____
CURRENT TEMPERATURE: _____

Answer "YES" or "NO" Have you had any of the following?

1. A new fever (100.4°F or higher) or a sense of having a fever?

Answer: YES _____ NO _____

Has medication been taken to reduce a fever within the last 24 hours?

Answer: YES _____ NO _____

2. A new cough that you cannot attribute to another health condition?

Answer: YES _____ NO _____

3. New shortness of breath that you cannot attribute to another health condition?

Answer: YES _____ NO _____

4. A new sore throat that you cannot attribute to another health condition?

Answer: YES _____ NO _____

5. New muscle aches (myalgia) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?

Answer: YES _____ NO _____

6. A New onset of loss of sense of taste or smell?

Answer: YES _____ NO _____

7. Nausea or Vomiting?

Answer: YES _____ NO _____

8. Diarrhea?

Answer: YES _____ NO _____

9. Congestion or runny nose?

Answer: YES _____ NO _____

10. Have you been around someone who is sick?

Answer: YES _____ NO _____

11. Have you been around someone who has tested positive for COVID-19?

Answer: YES _____ NO _____

If you answered "YES" to any of the questions above:

- **DO NOT report to school.**
- **Call your medical provider for instructions if you have not already done so.**

Questions included in this document may be changed as the COVID-19 situation continues to evolve.

June 30, 2020