

Daily Screening Tool
Holden Christian Academy

Step 1: Take your temperature

Step 2: Answer the following questions;
if any YES answers, STAY HOME and call school.

In the past 24 hours, have you experienced any of the following symptoms?

	YES	NO
Fever 100.0 or higher		
Body aches and/or chills		
Persistent coughing		
Shortness of breath or difficulty breathing		
New loss of taste or smell		
Sore throat		
Nausea, vomiting, or diarrhea		
Nasal congestion or runny nose (not due to other known causes such as allergies) in combination with other symptoms		
Headache (in combination with other symptoms)		

In the last 14 days, have you been in contact with someone who has tested positive for COVID-19?		
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In the last 14 days, have you traveled out of state?		
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