



School Community COVID-19 Self-Risk Assessment Questionnaire

When an individual enters any school facility, they are certifying that they have performed the below self-risk assessment questionnaire to assure that they are not experiencing COVID-19 symptoms.

If you answer **YES** to any of the following questions, do not report to your school building. You are advised to stay home and immediately notify the School Nurse or direct supervisor.

1. **Have you developed any of the following new or unexplained symptoms of COVID-19?**
 - a. Fever of 100.4°F or greater
 - b. Persistent Cough
 - c. Shortness of breath or difficulty breathing
 - d. Chills
 - e. Fatigue
 - f. Muscle or body aches
 - g. Headache
 - h. Sore throat
 - i. Runny nose/congestion
 - j. New loss of taste or smell
 - k. Nausea or vomiting
 - l. Diarrhea
2. **Have you been in recent close contact with a person with COVID-19 (last 14 days)? Close contact means:**
 - i. Living in the same household as a person who has tested positive for COVID-19;
 - ii. Caring for a person who has tested positive for COVID-19;
 - iii. Being within 6 feet of a person who has tested positive for COVID-19 for 15 minutes or more;
 - iv. Coming in direct contact with secretions (e.g. being coughed/sneezed on) from a person who has tested positive for COVID-19, while that person was symptomatic.
 - v. You have traveled in the prior 14 days outside of New England.