

# HSMA Covid-19 Health Screening

Date: \_\_\_\_\_

1. Have any of the people listed below had:
  - a. Any one of the following symptoms?
    - i. Fever of 100.0 degrees or more
    - ii. New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
    - iii. New loss of taste or smell
  - b. Any two of the following symptoms (with no other known cause)?
    - i. Chills
    - ii. Muscle aches
    - iii. Headache
    - iv. Sore throat
    - v. Diarrhea, Nausea or vomiting
    - vi. Congestion or runny nose
2. In the last 14 days, have any of the people below had close contact with an individual diagnosed with covid-19?

I testify that the answer to both of the above questions is "no".

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Participant 1: \_\_\_\_\_ HSMA ensemble: \_\_\_\_\_

Participant 2: \_\_\_\_\_ HSMA ensemble: \_\_\_\_\_

Participant 3: \_\_\_\_\_ HSMA ensemble: \_\_\_\_\_

Participant 4: \_\_\_\_\_ HSMA ensemble: \_\_\_\_\_

This questionnaire is based on these sources:

- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/Daily-Home-Screening-for-Students-Checklist-ACTIVE-rev5A.pdf>
- <http://www.hd.ingham.org/Portals/HD/Home/Documents/cd/coronavirus/Screening-4.pdf>
- <http://www.hd.ingham.org/Portals/HD/Home/Documents/cd/coronavirus/Checklist-4.pdf>
- <http://www.hd.ingham.org/Portals/HD/Home/Documents/cd/coronavirus/ICHDSchoolCOVIDHandouts.pdf>
- <https://www.mmdhd.org/wp-content/uploads/2020/05/COVID-19-Workplace-Health-Screening.pdf>