

## Screen at Home - 4 Questions and Instructions

**1** Do you have any of these symptoms today or within the last 10 days that are new and that are not related to any ongoing condition that you have previously or regularly experienced (i.e., seasonal allergies, migraines, sore throat, chronic mild chest congestion associated with common cold, etc.).

- Yes** — Stay home. For return instructions, see [Stay at Home and Return to School Requirements \(Appendix B\)](#).
- No** — Continue to next question

STAY HOME  
IF YOU HAVE  
ANY OF THESE  
SYMPTOMS

  
**Fever or Chills**

  
**Cough**

  
**Fatigue**

  
**Headache**

  
**Congestion or  
runny nose**

  
**Diarrhea**

  
**New loss of  
taste or smell**

  
**Shortness of breath or  
difficulty breathing**

  
**Muscle or body aches**

  
**Sore throat**

  
**Nausea or vomiting**



**2** Are you currently taking a medication (prescription or over-the-counter) that may mask or disguise the symptoms of COVID-19?

- Yes** — Stay home. For return instructions, see [Stay at Home and Return to School Requirements \(Appendix B\)](#).
- No** — Continue to next question

**3** In the past 14 days, have you had close contact with someone diagnosed with COVID-19?

- Yes** — Stay home. For return instructions, see [Stay at Home and Return to School Requirements \(Appendix B\)](#).
- No** — Continue to next question

**4** **Caution** — For travel outside the local area (i.e. more than 120 miles from one’s residence) CDPH Travel Advisory strongly advises individuals to stay home in self-quarantine for 14 days from the date they returned home, monitor health, and practice physical distancing. If you travel internationally, follow the requirements on the [CDC COVID-19 Travel Recommendations by Destination](#), for your destination

If you answered “No” to all the questions you may come to school.  
If you are staying home call the school to advise them of the reason for your absence, please include your symptoms if you have any.

