



## COVID-19 Health Screening

This screening process must be completed daily by the following:

- parent/guardian on behalf of PCS student(s),
- staff member, or
- visitor intends to remain in the building for 15 minutes or longer.

**Students and Staff should remain at home if any of the responses are ‘YES’**

**Visitors will not be permitted into PCS facilities if any of the responses are ‘YES’**

YES or NO, since your last day of school/work/visitation, have you had any of the following symptoms?	YES	NO
Documented temperature of 100.0°F or higher without the use of fever-reducing medication?	<input type="checkbox"/>	<input type="checkbox"/>
A new cough that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
New shortness of breath or difficulty breathing that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
New chills that are not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
A new sore throat that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
New muscle aches that are not due to another health condition, or that may have been caused by a specific activity (such as physical exercise)?	<input type="checkbox"/>	<input type="checkbox"/>
A new loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you had a positive test for the virus that causes COVID-19 disease within the past 10 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In the past 14 days, have you had close contact (within about 6 feet for 15 minutes or more) with someone with a suspected or confirmed case of COVID-19?</b>	<input type="checkbox"/>	<input type="checkbox"/>