



# Loudoun County Public Schools

## COVID-19 Prevention

### Daily Questionnaire for Students, Staff and Visitors

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
**CURRENT TEMPERATURE:** \_\_\_\_\_

Answer "YES" or "NO" Have you had any of the following?

1. A new fever (100.4°F or higher) or a sense of having a fever?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

Has medication been taken to reduce a fever within the last 24 hours?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

2. A new cough that you cannot attribute to another health condition?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

3. New shortness of breath that you cannot attribute to another health condition?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

4. A new sore throat that you cannot attribute to another health condition?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

5. New muscle aches (myalgia) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

6. A New onset of loss of sense of taste or smell?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

7. Nausea or Vomiting?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

8. Diarrhea?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

9. Congestion or runny nose?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

10. Have you been around someone who is sick?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

11. Have you been around someone who has tested positive for COVID-19?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

**If you answered "YES" to any of the questions above:**

- **DO NOT report to school.**
- **Call your medical provider for instructions if you have not already done so.**

Questions included in this document may be changed as the COVID-19 situation continues to evolve.

June 30, 2020