

VISITOR AND VENDOR SCREENING CHECKLIST FOR SCHOOLS

This checklist provides basic information only. It is not intended to take the place of medical



advice, diagnosis or treatment.			COVID-19	
SCREENING QUESTIONS AND HOW 1	TO RESPOND			
Are you currently experiencing ONE (e.g. asthma, allergies)?	or more of the following sym	ptoms unrelated to a known pre-existing	condition	
○ New cough ○ Sho	rtness of breath	O Difficulty breathing	O New loss of taste or smell	
O No I am not experiencing one or me	ore of the above symptoms	3.		
If you are experiencing one or more	of the above symptoms, s	stay home, consult your medical provi	der, and get tested for COVID-19.	
2. Are you currently experiencing any	TWO of the following symp	toms unrelated to a known pre-existing	condition (e.g. asthma, allergies)?	
Fever (100.4 degrees or greater)	Chills (rigors)	O Diarrhea (2x in 24 hours)	Congestion or runny nose	
O Nausea or vomiting (2x in 24 hours)	Headache	Muscle aches (myalgias)	O Sore throat	
○ Fatigue	O No I am not experi	t experiencing two or more of the above symptoms.		
If you are experiencing two or more	of the above symptoms, s	tay home, consult your medical provid	der, and get tested for COVID-19.	
	•	consult your medical provider. You dication and symptoms have improve	-	
3. Have you had close contact (within COVID-19 diagnostic test in the past No	_	reater) with anyone (including househo	old members) who had a positive	
	•	arantine for 5 days from last exposu COVID-19 test 5 days after exposure.	re; fully vaccinated individuals	
If you answer NO to all the above	questions, you have pas	sed the screening and can begin wo	rking and/or attend school.	
4. Have you traveled internationally wi	·			
	you are not fully vaccina	COVID-19 test 3-5 days after travel, s ted, quarantine for a full 7 days after t travel.		

For more information, visit oakgov.com/covid. Questions? Contact Nurse On Call at 1.800.848.5533