

**THE NUEVA SCHOOL HEALTH AND SAFETY PLAN  
HEALTH SCREENING QUESTIONNAIRE**

Before coming to campus, **conduct your own temperature check and health screening DAILY using this Health Screening Questionnaire.** This form is available online on your home page and onsite. This questionnaire can be completed and acknowledged online before you arrive on campus or completed onsite online or physically. In addition, by coming to and being on campus, you agree to be subject to additional onsite screening for symptoms/illness at any time during your time on campus.

1. In the last 24 hours or currently, have you had or do you have a fever of 100.0F or greater? YES/NO
  
2. In the last 24 hours or currently, have you had or do you have any of the following symptoms new or different from your usual state of health:
  - Cough (not related to known allergies/asthma)
  - Chills
  - Shortness of breath or difficulty breathing
  - Fatigue / feeling tired and/or feeling unwell
  - Sore throat
  - Muscle pain and/or body aches
  - Headache (not related to known diagnosis of migraine headaches)
  - New loss of smell and/or taste
  - Congestion and/or runny nose
  - Nausea, vomiting and/or diarrheaYES/NO
  
3. In the last 24 hours, have you taken Tylenol/Advil or any similar medication to manage symptoms of fever or any condition described above different from your usual state of health? YES/NO
  
4. In the last 14 days, have you or anyone in your household:
  - Been tested for COVID-19 for symptomatic, case contact, or any other high risk reason and are awaiting a test result? This is not meant to include asymptomatic surveillance testing for return to, or ongoing, on-site work / school as required by Nueva or any other employer of a household member.
  
  - Received a positive test result?
  
  - Had close contact with someone exposed to, hospitalized for, or confirmed to have COVID-19 or any other flu-like illness?YES/NO

