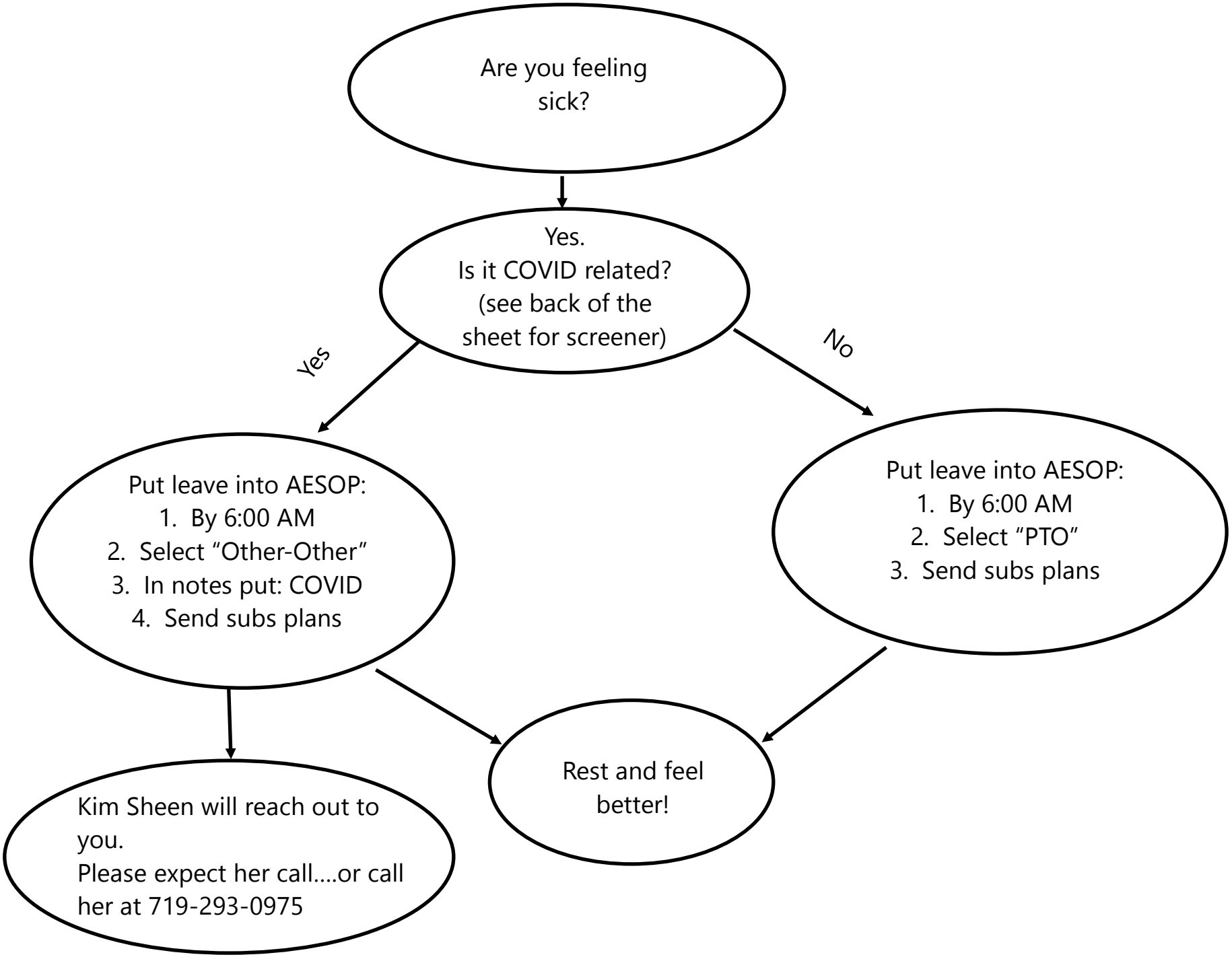
Are you feeling sick?
Yes.
Is it COVID related? (see back of the sheet for screener)
Yes
No
Put leave into AESOP:
1. By 6:00 AM
2. Select "Other-Other"
3. In notes put: COVID
4. Send subs plans
Put leave into AESOP:
1. By 6:00 AM
2. Select "PTO"
3. Send subs plans
Kim Sheen will reach out to you.
Please expect her call….or call her at 719-293-0975
Rest and feel better!

# Illness Screening Tool for initial decision making

## Name: _____

*** If the answer is yes to 2 or more questions in section 1, or 1 or more questions in section 2 call parents/staff and send home. Please circle Yes or No**

## Section 1: (minor symptoms)

**Yes / No -Sore throat**

**Yes / No -Minor cough or increased chronic cough**

**Yes / No -Congestion/runny nose (extended-not because of coming in from cold)**

**Yes / No -Diarrhea, vomiting, nausea, or abdominal pain**

**Yes / No -Headache**

**Yes / No -Muscle aches, fatigue**

## Section 2: (major symptoms)

**Yes / No -New sensation of loss of taste or smell**

**Yes / No -Shortness of breath/difficulty breathing**

**Yes / No -Severe Headache**

**Yes / No -Feeling feverish, having chills, or**

**Yes / No -Temperature of 100.4 or higher**

**Yes / No -New or unexplained persistent cough**

## Factors to use in making Decisions

**Yes / No -Any recent travel**

**Yes / No -Attended a large gathering**

**Yes / No -Close contact with someone who tested positive**

**Yes / No -Someone at home is sick**