



ATTLEBORO PUBLIC SCHOOLS

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Daily Home Screening for Staff

Please complete this short check each morning and report any positive symptoms, close contacts, or potential exposures to your Principal.

Section 1: Symptoms

If you have any of the following symptoms, that indicates a possible illness that may decrease your ability to perform your duties and also puts you at risk for spreading illness to others.

Please check for the following symptoms:

	Temperature \geq 100.0 F without fever reducing medication
	Chills or shaking chills
	Cough (<i>not due to other known cause, such as chronic cough</i>)
	Difficulty breathing or shortness of breath
	New loss of taste or smell
	Sore throat
	Headache, <i>in combination with other symptoms</i>
	Muscle aches or body aches
	Nausea, vomiting, or diarrhea
	Fatigue, <i>in combination with other symptoms</i>
	Nasal congestion or runny nose (<i>not due to other known cause, such as allergies</i>), <i>in combination with other symptoms</i>

Section 2: Close Contact / Potential Exposure

	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
	Traveled to or came from an area where the local or state health department is reporting large numbers of COVID-19 cases

If you have answered YES to any of the above questions, remain home and contact your Primary Care Provider for guidance.