

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.



SCREENING QUESTIONS AND HOW TO RESPOND			
Are you currently experiencing ON (e.g. asthma, allergies)?	IE or more of the following sympto	oms unrelated to a known pre-existinç	g condition
○ New cough	New cough		O New loss of taste or smell
O No I am not experiencing one or	more of the above symptoms.		
If you are experiencing one or mo	re of the above symptoms, sta	y home, consult your medical prov	vider, and get tested for COVID-19.
Are you currently experiencing at	ny TWO of the following symptor	ns unrelated to a known pre-existing	g condition (e.g. asthma, allergies)?
O Fever (100.4 degrees or greater)	Chills (rigors)	ODiarrhea (2x in 24 hours)	O Congestion or runny nose
O Nausea or vomiting (2x in 24 hour	rs)	Muscle aches (myalgias)	O Sore throat
○ Fatigue	O No I am not experien	cing two or more of the above symp	toms.
If you are experiencing two or more of the above symptoms, stay home, consult your medical provider, and get tested for COVID-19.			
If experiencing only one of these symptoms, stay home and consult your medical provider. You may return to work/school after being fever free for 24 hours without taking fever reducing medication and symptoms have improved.			
3. Have you had close contact (within 6 ft for 15 minutes or greater) with anyone (including household members) who had a positive COVID-19 diagnostic test in the past 14 days? Yes No			
If yes to question 3, unvaccinated individuals should quarantine for 5 days from last exposure; fully vaccinated individuals do not need to quarantine but are recommended to get a COVID-19 test 5 days after exposure.			
If you answer NO to all the above questions, you have passed the screening and can begin working and/or attend school.			
4. Have you traveled internationally within the last 14 days? Yes No Yes to question 4. CDC recommends all travelers get a COVID-19 test 3-5 days after travel, self monitor for symptoms, and get tested if symptoms develop. If you are not fully vaccinated, quarantine for a full 7 days after travel even if you get a COVID-19 test. If you do not get tested, quarantine for 10 days after travel.			

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

