Muhlenberg School District - Health Services
PART A: Covid-19 Monitoring Sheet

SECTION 1: CIRCLE each symptom you have at this time:

- New onset cough* or shortness of breathing
- Difficulty breathing*
- New onset loss of sense of taste
- New onset loss of smell
- Fever 100.0 or higher in the last 24 hours
- Chills or Shivering (rigors)
- Muscle pain (myalgia)
- Sore throat
- Gastrointestinal symptoms- diarrhea, nausea or vomiting
- Headache
- Fatigue
- Nose or sinus congestion

*change from baseline if chronic cough or health condition

If you have any of the symptoms listed in Section 1, stay home and contact your building School Nurse today

SECTION 2: Current status

- Has tested positive for COVID-19: Date of test: ____/____/____ Place of test_________________
- Is awaiting COVID-19 test results: Date of test: ____/____/____, Result date: ____/____/____ +/-

If you answered yes to either question in Section 2, stay home and contact your building School Nurse today

SECTION 3: Exposure

- I had close contact (within 6 feet for at least 15 minutes) with a person who is ill
  Start date of contact’s symptom ____/____/____  Last date of exposure ____/____/____ OR ongoing
- I had close contact (within 6 feet for at least 15 minutes) with a person with confirmed COVID-19
  Start date of contact’s symptom ____/____/____  Last date of exposure ____/____/____ OR ongoing
- I have traveled outside of the United States within the last 10 days.
  Date of return ____/____/____  Start date of travel ____/____/____ Place of travel_________________

If you answered yes to any question in Section 3, stay home and contact your building School Nurse today