

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

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

- | | |
|---|--|
| <input type="checkbox"/> New onset cough* or shortness of breathing | <input type="checkbox"/> Chills or Shivering (rigors) |
| <input type="checkbox"/> Difficulty breathing* | <input type="checkbox"/> Muscle pain (myalgia) |
| <input type="checkbox"/> New onset loss of sense of taste | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> New onset loss of smell | <input type="checkbox"/> Gastrointestinal symptoms- diarrhea, nausea or vomiting |
| <i>*change from baseline if chronic cough or health condition</i> | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fever 100.0 or higher in the last 24 hours | <input type="checkbox"/> Fatigue |
| | <input type="checkbox"/> Nose or sinus congestion |

**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**