

**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

**change from baseline if chronic cough or health condition*

Fever 100.0 or higher in the last 24 hours

(What date ___/___/___ & time _____

& temperature was _____)

Chills or Shivering (rigors)

Muscle pain (myalgia)

Sore throat

Gastrointestinal symptoms- diarrhea, nausea or vomiting

Headache

Fatigue

Nose or sinus congestion

**If you have any of these symptoms,
stay home and contact your building
School Nurse today.**

SECTION 2: Current status

Has tested positive for COVID-19 in the last 10 days

Is awaiting COVID-19 test results

**If you answered yes to either question, 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

I had close contact (within 6 feet for at least 15 minutes) with a person with confirmed COVID-19

I had close contact (within 6 feet for at least 15 minutes) with person under quarantine for possible exposure to COVID-19

I have traveled outside of Pennsylvania or the United States within the last 14 days.

**If you answered yes to the above questions, stay home and contact your building
School Nurse today.**