

DAILY HEALTH SCREENING QUESTIONS

1. Since the last day of school or work, or visit to MVCS have you had a cough that cannot be attributed to another health condition? (for example, but not limited to allergies)
2. Since the last day of school or work, or visit to MVCS have you had shortness of breath that cannot be attributed to another health condition? (for example, but not limited to asthma)
3. Since the last day of school or work, or visit to MVCS have you had a fever (100.4 or higher)?
4. Since the last day of school or work, or visit to MVCS have you taken medication for a fever?
5. Since the last day of school or work, or visit to MVCS have you had nausea, vomiting or diarrhea within the last 24 hours that cannot be attributed to another health condition? (for example, but not limited to Irritable Bowel Syndrome)
6. Since the last day of school or work, or visit to MVCS have you had two or more of the following symptoms?
 - a. Chills
 - b. Repeated shaking with chills
 - c. Headache
 - d. Muscle Pain
 - e. Sore Throat
 - f. New Loss of taste or smell
 - g. Nasal Congestion or runny nose (not due another health issue, such as allergies)
7. Within the last 14 days have you been in close contact (within 6 feet for at least 10 minutes) with anyone with a confirmed or suspected case of COVID-19?
8. Within the last 14 days have you traveled to any US county marked with an orange or red risk rating on the following website: <https://globalepidemics.org/key-metrics-for-covid-suppression/> or to any area designated as restricted by NH DHHS (<https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/employee-travel-guidance.pdf>)?
9. Within the last 14 days have you traveled outside of the United States?