

ON-SITE SYMPTOM CHECKER

NAME: (please print): _____

SITE/LOCATION: IPoly High School, 3851 W Temple Ave, Pomona, CA 91768

Instructions: Under order of the public health officer, staff, students, and visitors must undergo a symptom check prior to coming to school or participating in an event. Please mark 'X' in the YES/NO boxes accordingly on the sheet. If you answer YES to any of the questions below, under order of the public health officer, you must stay home until 14 days after your last exposure or at least 10 days have passed since symptoms first appeared.

| | NO | YES | |
|---|----|-----|---|
| Do you have a fever or have you taken fever-reducing medications (including, but not limited to, Tylenol, Advil, or Motrin) while having a fever in the past 14 days? | | | IF YES, STOP AND RETURN HOME. PLEASE CONTACT YOUR HEALTH-CARE PROVIDER AND PLAN TO ISOLATE AT HOME FOR 10 DAYS. FOLLOW HOME-ISOLATION INSTRUCTIONS. |
| Do you feel ill today | | | |
| Have you been exposed to someone with COVID-19 in the past 14 days? | | | |

Do you have the following symptoms? Or did you experience any of these symptoms in the last 10 days?

| | NO | YES | |
|---|----|-----|---|
| cough (a change in your cough from baseline for anyone with chronic cough due to asthma or allergies) | | | A change in your cough if you have a chronic cough due to asthma or allergies |
| shortness of breath or difficulty breathing | | | |
| chills | | | |
| fatigue | | | |
| muscle or body aches | | | |
| congestion or runny nose | | | A change in these symptoms if you have chronic allergies |
| sore throat | | | |
| headache | | | |
| new loss of taste or smell | | | |
| nausea | | | |
| vomiting | | | Cause is not known but not related to anxiety or eating |
| diarrhea | | | |

Signature: _____ Date: ____ / ____ / 2021

Contact phone number: ____ / ____ - _____