Philadelphia Department of Public Health **COVID-19 Screening Tool**

**Date:**

**Name:**

1. **TEMPERATURE: \_\_\_\_\_\_\_\_°F** Temperature taken on-site Temperature taken at home
2. **SYMPTOMS:**

**Do you have any of the following, regardless of vaccination status?**

 New or persistent cough

 Shortness of breath or difficulty breathing

 New loss of sense of smell/taste

 Fever  Sore throat

 Chills  Muscle pain

 Headache  Nausea/Vomiting

 Diarrhea  Fatigue

 Congestion/Runny nose

**If YES to 1 or more à do not allow into the facility**

1. **VISUAL INSPECTION:**

Is the individual experiencing flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), or fatigue?

 Yes  No Comments:

**If YES à do not allow into the facility**

1. **EXPOSURE:**

Has the unvaccinated individual been exposed to anyone with a confirmed case of COVID-19 in the past 10 days?

 Yes  No Comments:

**If YES à do not allow into the facility**

Fully vaccinated students with no symptoms are not required to quarantine but should get tested 3-5 days after an exposure. Fully vaccinated individuals with symptoms must isolate and be tested. Symptomatic students who test negative must strictly follow mask guidance until resolution of symptoms regardless of vaccination status.