

COVID-19 SYMPTOM CHECKER

Student/Employee Name: _____ DOB: _____

School/Department: _____ Teacher/Supervisor _____

LOW RISK: General Symptoms

Fever of 100.4 or higher	Headache
Sore Throat	Nausea/vomiting/diarrhea
Congestion/runny nose	Fatigue/muscle or body aches

HIGH RISK: Red Flag Symptoms

Non-productive cough
 Difficulty breathing
 Loss of taste/smell

Symptom (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fever of 100.4 or higher | <input type="checkbox"/> Non-productive cough |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Congestion/runny nose | <input type="checkbox"/> Loss of taste/smell |
| <input type="checkbox"/> Headache | |
| <input type="checkbox"/> Nausea/vomiting/diarrhea | |
| <input type="checkbox"/> Fatigue/muscle or body aches | |

Exposure to COVID-19 positive person? Close contact: less than 6 feet, 15 minutes or longer

NO, But

1 Low Risk Symptom → Stay/Send Home → Return to school/work 24-hours after symptoms Resolution (without fever reducing medication)

NO, But

2 Low Risk Symptom

OR 1 High Risk Symptom → Stay/Send Home → Evaluation by health care provider

1. Health care provider confirms alternative diagnosis for symptoms. → Return to school/work after 24 hours without fever and symptoms improving
 A health care provider's note must be on file.

2. Negative Test → Return to school/work after 24 hours without fever and symptoms improving

3. Positive Test → Return to school after only 10 days since symptom onset and 24 hours without fever. Quarantine close contacts of confirmed case.

3. Positive Test → Return to school after only 10 days since symptom onset and 24 hours without fever. Quarantine close contacts of confirmed case.

YES STOP: Stay Home → Return to work/school after 14 days from last contact, unless symptoms develop.

Complete the San Bernardino County COVID-19 reporting survey:
https://dphsbcountry.co1.qualtrics.com/jfe/form/SV_1KPbiRQPDXXOjDD.