

STAGE 2 HEALTH QUESTIONNAIRE

	Yes	No
<p>Are you experiencing any of the following?</p> <ul style="list-style-type: none"> • Severe difficulty breathing (e.g. struggling to breathe or speaking in single words) • Severe chest pain • Having a very hard time waking up • Feeling confused • Losing consciousness 		
<p>Are you experiencing any of the following?</p> <ul style="list-style-type: none"> • Mild to moderate shortness of breath • Inability to lie down because of difficulty breathing • Chronic health conditions that you are having difficulty managing because of difficulty breathing 		
<p>Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?</p> <ul style="list-style-type: none"> • Fever • Chills • Cough or worsening of chronic cough • Shortness of breath • Sore throat • Runny nose • Loss of sense of smell or taste • Headache • Fatigue • Diarrhea • Loss of appetite • Nausea and vomiting • Muscle aches 		
<p>Less common Symptoms can include:</p> <ul style="list-style-type: none"> • Stuffy nose • Conjunctivitis (pink eye) • Dizziness • Confusion • Abdominal pain • Skin rashes • Discoloration of fingers or toes 		

If you answer yes to any of these questions, please do not come to school or work and call 8-1-1. Please let your Principal or Supervisor know.