



DAILY HEALTH SCREENING 2020 – 2021 FALL TERM

Per the Community Health and Responsibility Pledge, please ask about the following each day:

- ☐ Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- ☐ Cough, *not due to other known cause, such as chronic cough*
- ☐ Difficulty breathing or shortness of breath
- ☐ New loss of taste or smell
- ☐ Sore throat
- ☐ Headache *when in combination with other symptoms*
- ☐ Muscle aches or body aches
- ☐ Nausea, vomiting, or diarrhea
- ☐ Fatigue, *when in combination with other symptoms*
- ☐ Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*
- ☐ Have had close contact with a known positive COVID-19 case in the last 14 days
- ☐ Have travelled in the past 14 days and meet the Massachusetts criteria for quarantine or testing <https://www.mass.gov/info-details/covid-19-travel-order>

For Students: If your child has answered “yes” to any of these:

- ☐ Keep your child home from school
- ☐ Contact [Toni Costa](#) (email: tcosta@bement.org, tel: 413-773-5967) to report the absence
- ☐ Contact Bement’s [Student Health Services](#) (email: shs@bement.org, tel: 413-774-7061, ext.1) so they can help you to navigate next steps

For Employees: If you have answered “yes” to any of these:

- ☐ Do not visit The Bement School campus
- ☐ Contact your supervisor
- ☐ Contact your Primary Care Provider for medical guidance