



Town of Sheffield
Board of Health
 Town Hall – 21 Depot Square
 Sheffield, Massachusetts 01257

Voice: 413-229-7000
 Fax: 413-229-7010
 TTY: 800-439-2370

At Home Daily Screening Protocol for COVID-19

Please conduct this screening every morning for members of your household:

1. If **ALL** of the answers are NO, go about your normal day (remembering to wear a face covering, to socially-distance, and to wash your hands or use hand sanitizer frequently); for school children, faculty and staff, you may come to school.
2. If **ANY** of the answers are YES, please stay home and consult with your primary care physician; for school children, faculty and staff, you will not be allowed in school and will need to consult with your primary care physician before you can return to school/work; please call your school nurse if you answered YES to **ANY** of the questions.
3. If school children, faculty or staff show any signs on this list during the school day, they will be sent home and will need to be evaluated by their primary care physician before returning to school/work.

Today or in the past 24 hours, have you OR any household member...	YES	NO
Had a temperature of 100.0°F or higher?		
Had chills?		
Had a cough?		
Had a sore throat?		
Had difficulty breathing or shortness of breath?		
Had nausea, vomiting or diarrhea?		
Had congestion or runny nose? <i>(with any other symptoms listed here)</i>		
Had fatigue? <i>(with other symptoms)</i>		
Had a headache? <i>(with any other symptoms listed here)</i>		
Had new loss of taste/smell?		
Had muscle aches or body aches?		
Traveled internationally or to a state on the Governor’s advisory list in the past 14 days?		
Had close contact in the last 14 days with a person known to be infected with COVID-19?		
Taken any fever reducing medications in the past 24 hours to relieve any of the symptoms on this list? Tylenol/Acetaminophen, Motrin/Ibuprofen?		