Diocese of Steubenville Self-Monitoring COVID-19 Symptom Screening Log

(Form-CV)

Name of School: _____ Name of Staff/Student: _____

Date (mm/dd/yy)	Time (am)	Current Temperature (F°)	Do you have: Cough (Non-allergy related), Congestion (Non-allergy related), or runny nose (non-allergy related), Chills, Headache, Sore throat, Recent shortness of breath or difficulty breathing, Unusual fatigue, muscle or body aches (non-exercise related), Loss of taste or smell, Nausea or vomiting, Diarrhea?	Fever of 100.0 F in past 72 hours?	Close or in-person contact with anyone tested positive for COVID-19 in past 14 days?	Comments
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	