

RMS COVID-19 SCREENING

PLEASE HAVE YOUR MASK ON AS YOU ENTER THE SCHOOL AREA (FIELD OR GYM)
AND KEEP ON UNTIL YOU CAN SOCIALLY DISTANCE.

YOUR TEMPERATURE WILL BE TAKEN

*CAN YOU ANSWER "YES" TO ANY OF THESE QUESTIONS

1. ARE YOU EXPERIENCING ANY OF THE SYMPTOMS OF COVID-19, INCLUDING
 - *FEVER (100.0 F OR HIGHER)
 - *CHILLS OR REPEATED SHAKING WITH CHILLS
 - *COUGH
 - *SHORTNESS OF BREATH/DIFFICULTY BREATHING
 - *SORE THROAT
 - *MUSCLE PAIN
 - *HEADACHE
 - *FATIGUE
 - *NEW LOSS OF TASTE OR SMELL
 - *NASAL CONGESTION OR RUNNY NOSE (NOT DUE TO OTHER KNOWN CAUSES, SUCH AS ALLERGIES)
 - *DIARRHEA

2. IN THE LAST **14 DAYS**, HAVE YOU HAD **CLOSE CONTACT** WITH SOMEONE SUSPECTED OR CONFIRMED TO HAVE COVID-19?

3. IN THE LAST **14 DAYS**, HAVE YOU TRAVELED OUTSIDE OF THE SIX NEW ENGLAND STATES (NEW HAMPSHIRE, VERMONT, MAINE, MASSACHUSETTS, CONNECTICUT OR RHODE ISLAND)?