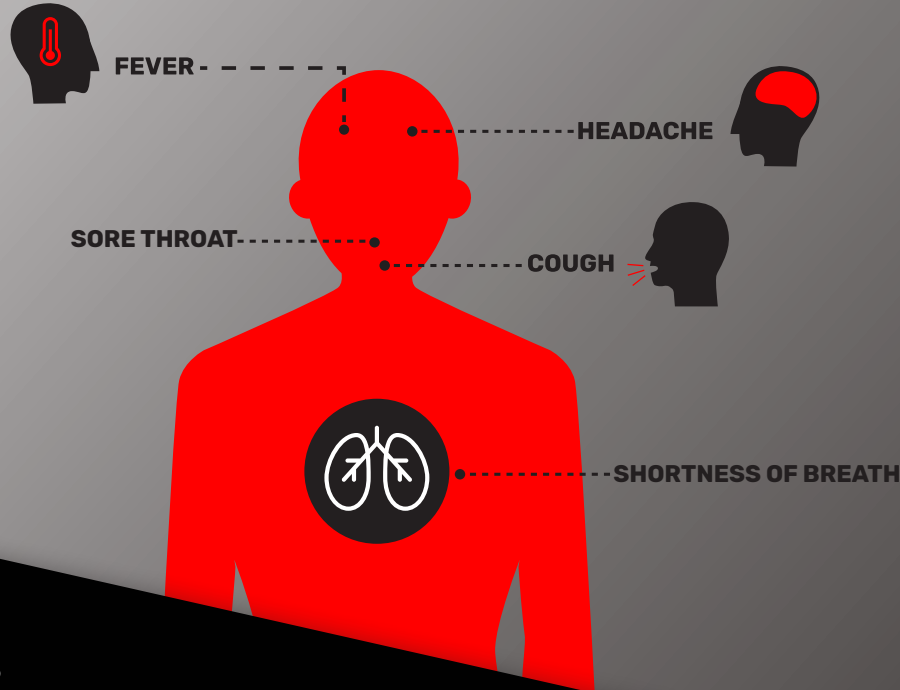


# COVID-19

## Daily Individual Health Screening Process

PLEASE, complete the following individual health screening process at home prior to coming to Brandon Valley School District facilities.



**1. DO YOU  
FEEL SICK?**

**2. DO YOU HAVE A COUGH, SHORTNESS OF  
BREATH, HEADACHE, SORE THROAT, OR A FEVER?**

**3. IN THE LAST 14 DAYS, WITHOUT A MASK, HAVE YOU  
KNOWINGLY BEEN IN CLOSE CONTACT WITH AN  
INDIVIDUAL THAT:**

- **HAS TESTED POSITIVE FOR COVID-19?**
- **IS SELF-QUARANTINED DUE TO COVID-19 SYMPTOMS  
AND IS AWAITING A TEST RESULT?**

An answer of **“YES”** to any of the screening questions prohibits attendance at Brandon Valley School District facilities.