

Daily Wellness Check

WE NEED YOUR HELP!

HIDOE employees, contracted service providers, visitors and students must complete a wellness check each morning <u>before</u> going to school or work if fully vaccinated or not. Please report any illness or COVID-19 exposure to the school or supervisor.



CHECK FOR COVID-19-LIKE SYMPTOMS OF ILLNESS

If <u>any</u> symptoms of illness are present, do not go to school or work.

	Fever (higher than 100°F or hot to the touch
	Chills
	Cough
	Shortness of breath or difficulty breathing
	Fatigue
	Muscle or body aches
	Headache
	New loss of taste or smell
	Sore throat
	Congestion or runny nose
	Nausea or vomiting
П	Diarrhea

Anyone with COVID-19 symptoms, even mild symptoms, should stay home from school, work and other activities. Those with symptoms who have not been tested should be tested as soon as possible.

HELP US TO KEEP OUR SCHOOLS HEALTHY AND SAFE!

Return to School/Work Criteria School Year 2022-2023



If someone develops symptoms of COVID-19 or receives a positive COVID-19 test result at school, they will be sent home immediately. If exposed to someone with COVID-19, continue to go to school/work unless symptoms develop. For individuals with symptoms of COVID-19 or exposure, a self-test may be provided by the school to take home – use of the self-test is recommended, but it is not required, and may be kept at home for future use.

Date (mm/dd/yyyy) First and Last Name			Grade		
☐ Symptoms of	of COVID-19 we	ere observed (check all that a	apply):		
☐ Fever (100☐ Chills☐ Cough☐ Sore throa	ıt	New loss of taste or smell Congestion or runny nose Muscle or body aches		eath; difficulty breathing	
□ A positive C	OVID-19 test re	sult was received. The test v	as conducted on	(mm/dd/yyyy)	
Someone with Symptoms of COVID-19 or a Positive COVID-19 Test Must meet ALL criteria in ONE of these columns					
Isolate f	or 5 days	Negative Test	Do	octor's Note	
Day 0 = symptest date. Return no set Day 6 = • 24 hours of note fever-reducing • Symptoms and fever or symptests.		 Use a COVID-19 test that approved by the FDA; this includes most self-tests. 24 hours of no fever with fever-reducing medication. Symptoms are improving fever or symptoms are not improving and you used test, remain in isolation at test again after 24-48 horses. 	to anoth (e.g., as get a sig licensed ns. Isolation unless t worseni a self- nd	onic symptoms due ner health condition sthma or allergies), gned note from a d medical provider. In is not required there are new or ing symptoms or test of the COVID-19.	
healthcare pr Wear a well-f	itted mask s indoors from	Note: The parent/legal guar may verbally attest to the negative COVID-19 test res documentation not required	sult;		

Someone with Potential or Known Exposure to COVID-19

Regardless of Vaccination Status

- Continue to go to school/work if <u>NO</u> symptoms.
- Wear a well-fitted mask indoors for 10 days after exposure. Day 0 is the last day of exposure.
- Watch for symptoms.
 - If symptoms start, isolate immediately.
 - Test for COVID-19 and stay home until you know the test result.
- Test on **day 6**, even if no symptoms, unless tested positive for COVID-19 in the last 30 days.

If you have questions about your or your child's health, please consult a healthcare provider. If you do not have a primary care provider, please see the following options.

- Hawai'i Keiki Health Hotline and Telehealth Services are free for HIDOE students by calling (844) 436-3888, Monday through Friday, from 8:00 a.m. - 3:00 p.m., excluding holidays and breaks. Translation services are available.
- Community health centers serve all patients regardless of their ability to pay or health insurance status. Find a health center near you at health-centers-here-for-you.