



# Lodi USD SYMPTOM CHECKER

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Site: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Complaint (Include duration, precipitating factors): \_\_\_\_\_

Health Problem(s) (as noted in School Health System or as stated by respondent): \_\_\_\_\_

Medication Orders (indicate either on file in the health office or at home): \_\_\_\_\_

Has the respondent been around someone with COVID-19 in the past 10 days?  Yes  No

Vitals: Temperature: \_\_\_\_\_ O<sub>2</sub>: \_\_\_\_\_ HR: \_\_\_\_\_

Respiration: \_\_\_\_\_ BP: \_\_\_\_\_

Symptoms (Mark all observed):

- Non-productive cough
- Shortness of breath (circle all that apply)  
gaspings, grunting, wheezing, rapid, slow, shallow, nasal flaring, thoracic contracture
- Fever (above 100.4F)
- Chills, shivering
- Skin (circle all that apply) pink, pale, white, dry, sweating, red, swollen, rash
- Headache... location: \_\_\_\_\_ pain rating (1-5): \_\_\_\_\_
- Sore Throat, redness, white spots, enlarged tonsils
- New loss of smell or taste
- Gastrointestinal symptoms