



Parents: Please complete this short check each morning before your child leaves for school. If you check yes to any of the boxes below please keep your child at home and report your child’s information to their school.

Section 1: Symptoms

If your child has any of the following symptoms that indicates a possible illness that may decrease the student’s ability to learn and also put them at risk for spreading illness to others.

One of the “More Common” Symptoms			
<input type="checkbox"/>	Temperature 100 degrees Fahrenheit or higher when taken by mouth		
<input type="checkbox"/>	New uncontrolled cough or shortness of breath that causes difficulty breathing -for students with chronic allergic/asthmatic cough: a change in their cough from baseline		
<input type="checkbox"/>	New loss of sense of smell and/or taste		
At Least 2 of the “Less Common” Symptoms			
<input type="checkbox"/>	Sore Throat	<input type="checkbox"/>	Excessive Fatigue
<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	New Onset of Severe Headache
<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	New Onset of Nasal Congestion or Runny Nose
<input type="checkbox"/>	Chills		
<input type="checkbox"/>	Muscle Pain		

Section 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) in the last 14 days with a person with confirmed COVID-19, or has any health department or health care provider been in contact with you and advised your child to quarantine?
<input type="checkbox"/>	Student or member of their household is awaiting COVID-19 test results or has 1 “more common” symptom or at least 2 “less common” symptoms