



**PUTNAM COUNTY SCHOOLS**

*Achieving Excellence*

## **STUDENT DAILY HEALTH ASSESSMENT**

Families: Please complete this short checklist each morning BEFORE your child leaves for school. If you answer "YES" to any of the following, DO NOT send your child, but please report your child's information to your school nurse. **KEEP THIS FOR DAILY USE.**

### **STUDENT SYMPTOMS CHECKLIST**

If your child exhibits any of the following symptoms please do not send your child to school. These symptoms may decrease your child's ability to learn and may put he/she at risk for spreading illness to others.

- ☐ Temperature of 100.4°F or higher, shaking with chills or feels feverish
- ☐ Sore throat
- ☐ Coughing - New uncontrolled cough, cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- ☐ Shortness of breath or difficulty breathing
- ☐ Diarrhea, vomiting, or abdominal pain
- ☐ New onset of severe headache, especially with fever
- ☐ New loss of taste or smell
- ☐ Muscle aches or generalized "not feeling well" that is not the child's normal baseline

### **STUDENT CONTACT OR EXPOSURE CHECKLIST**

- ☐ Had close contact with a person who has been confirmed to have COVID-19; OR
- ☐ Had close contact with a person under quarantine for possible exposure to COVID-19.