COVID-19 Daily Self Checklist

Students

Instructions:

- Parents and guardians of all students are required to screen their student according to this checklist **each day** and take the student's temperature before sending a student to school. By sending a student to school, you certify that you and your student have honestly answered NO to all of the Questions below.
- If the student answers NO to all Questions, the student may attend school that day.
- If the student answers YES to any of the Questions below, the student must not be sent to school.
- If a student is not suspected of having COVID-19, student may return if symptom free for 24 hours.
- If a student starts feeling sick during school or experiences the symptoms listed below, the student will be sent home immediately.

Questions	Yes	No
Does the student have a temperature over 100.4F?	☐	☐
Is the student taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce the student's fever?	☐	☐
Has the student had close contact or cared for someone with COVID-19 within the past 14 days?	☐	☐
Has the student returned from travel outside the United States or on cruise ship or river boat within the past 14 days?	☐	☐
Has the student been directed to self-quarantine by a health care provider?	☐	☐
Has the student been directed to self-quarantine by the County or State Department of Public Health?	☐	☐
Is the student experiencing any of the following cold or flu-like symptoms?		
• Chills	☐	☐
• Cough, not allergy-related	☐	☐
• Shortness of breath or difficulty breathing	☐	☐
• Extreme Fatigue	☐	☐
• Muscle or body aches	☐	☐
• Persistent Headache	☐	☐
• New or persistent loss of taste or smell	☐	☐
• Sore Throat, non-allergy related	☐	☐
• Congestion or runny nose, non-allergy related	☐	☐
• Nausea or vomiting	☐	☐
• Diarrhea, except for ongoing chronic diseases	☐	☐

I understand that I am required to honestly and accurately complete this checklist for my child each day before sending my child to school. Parent/Guardian will need to sign a separate form for each child at the beginning of each semester.

STUDENT NAME: _____ **GRADE:**_____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**_____