



DAILY SYMPTOM CHECK

Please go through all these questions every day **BEFORE** sending your child to school. If your child is ill, please keep your child home to help protect the health of others.

SYMPTOMS-PART 1

Has your child developed any 1 of the following symptoms within the past 24 hours?	YES	NO
Cough		
Shortness of breath or trouble breathing		
New loss of sense of taste or smell loss		
Fever ($\geq 100.4^\circ$) or chills or taken medication in the past 24 hours to lower their temperature (Tylenol/Ibuprofen?)		
Diarrhea		
Vomiting		



If you answered **YES** to any of the questions above in Part 1 please keep your child at home.

➤ Contact your school district to explain the reason why your child will be absent from school.

SYMPTOMS-PART 2

Has your child developed any 2 of the following symptoms within the past 24 hours?	YES	NO
Sore throat		
Unusual fatigue		
Runny nose or nasal congestion		
Headache		
Muscle or body aches		
Nausea (Feeling sick to stomach)		



If you answered **YES** to 2 or more questions above please keep your child at home.

➤ Contact your school district to explain the reason why your child will be absent from school.

RISK FACTORS

	YES	NO
Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?		
Has your child been in close contact (less than six feet) for 15 or more minutes with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?		
Has your child been directed by your local health department to self-quarantine in the past 14 days?		



If you answered **YES** to 1 or more questions above please keep your child at home.

➤ Contact your school district to explain the reason why your child will be absent from school.