



STUDENT AND STAFF COVID-19 DAILY SELF CHECKLIST

**Complete this check each morning before your child/you leaves for school.
If you CHECK any item below, your child/you must STAY HOME, and you must notify your child's school nurse and principal.**

Please check your child/yourself for these symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of sense taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If your child/you have any of these symptoms, they/you may have an illness that puts them/you at risk for spreading illness to others. For a full list of COVID-19 symptoms, click here:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Has your child/you had close contact (within 6 feet of an infected person for at least 15 minutes, cumulative over a 24 hour period) with a person with confirmed COVID-19?

- Yes
 - No
-

Do you have a household member who has tested positive for COVID-19 or has symptoms of COVID-19?

- Yes
 - No
-

Is your child/you currently awaiting the results of a COVID-19 test?

- Yes
- No

This form is for at-home use and does not need to be submitted to the school.

01/05/2022