

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.
- After exhibiting symptoms, students are required to meet all return-to-school criteria before returning to school.
- 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 of 100.4°F or greater?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce the student's fever?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had close contact or cared for someone with COVID-19 within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student returned from travel outside the United States or on cruise ship or river boat within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been directed to self-quarantine by a health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been directed to self-quarantine by the County or State Department of Public Health?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student experiencing any of the following symptoms?		
• Chills	<input type="checkbox"/>	<input type="checkbox"/>
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
• Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
• Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
• Headache	<input type="checkbox"/>	<input type="checkbox"/>
• New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
• Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
• Congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
• Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
• Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>

I hereby acknowledge that I have received a copy of this COVID-19 Daily Self Checklist. I understand that I am required to honestly and accurately complete this checklist for my child each day before sending my child to school. One signature per family.

Student Name(s) and Grade: _____

PARENT/GUARDIAN NAME: _____ DATE: _____