At home daily health screening
PLEASE REVIEW THIS CHECKLIST EACH DAY BEFORE SCHOOL

**NO** | **YES**
---|---
Do you currently have a fever of 100.4° or higher, or had a sense of having a fever since you were last in school?
Do you currently have a new cough or breathing difficulty that cannot be attributed to another health condition?
Do you currently have chills, fatigue, sore throat and/or headaches that cannot be attributed to another health condition?
Do you have congestion or a runny nose, and/or a new loss of taste and smell?
Do you have muscle/body aches that cannot be attributed to another health condition or activity such as exercise?
Have you been exposed to anyone who tested positive or is suspected positive for Coronavirus (COVID-19) in the past 14 days?

If you checked YES to ANY of these questions, please stay at home and contact your doctor and contact the school.