

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.

