STUDENT SYMPTOM SCREENING CHECKLIST

Parents must complete a daily symptom screening by answering these questions before sending their child to school.

Has your child had close contact (within 6 feet for at least 15 minutes) with a confirmed case of COVID-19?	_____Yes	_____No
Does your child have a new or worsening shortness of breath? Cough?	_____Yes	_____No
Does your child have a fever?	_____Yes	_____No
Does your child have chills?	_____Yes	_____No
Does your child have diarrhea?	_____Yes	_____No
Does your child have unexplained muscle pain?	_____Yes	_____No
Does your child have a headache (not related to a known health condition i.e. migraines)?	_____Yes	_____No
Does your child have a sore throat?	_____Yes	_____No
Does your child have a new loss of taste or smell?	_____Yes	_____No
Has your child been vomiting or is experiencing nausea?	_____Yes	_____No