



COVID-19 DAILY SYMPTOM CHECK

Please go through all these questions daily **BEFORE** sending your child to school.
If your child is ill, please keep your child home to help protect the health of others.

SYMPTOMS-PART 1

| Has your child developed any 1 of the following symptoms within the past 24 hours? | YES | NO |
|---|-----|----|
| Cough | | |
| Shortness of breath or trouble breathing | | |
| New loss of sense of taste or smell loss | | |
| Fever ($\geq 100.4^{\circ}\text{F}$) or chills | | |
| Diarrhea | | |
| Vomiting | | |



If you answered YES to any of the questions above in Part 1 please keep your child at home.

➤ Contact your school district to explain the reason why your child will be absent from school.

SYMPTOMS-PART 2

| Has your child developed any 2 of the following symptoms within the past 24 hours? | YES | NO |
|---|-----|----|
| Sore throat | | |
| Unusual fatigue | | |
| Fever ($99.0\text{-}100.3^{\circ}\text{F}$) | | |
| Runny nose or nasal congestion | | |
| Headache | | |
| Muscle or body aches | | |
| Nausea (Feeling sick to stomach) | | |



If you answered YES to 2 or more questions above please keep your child at home.

➤ Contact your school district to explain the reason why your child will be absent from school.

RISK FACTORS

| | YES | NO |
|---|-----|----|
| Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days? | | |
| Has your child been in close contact (less than six feet) for 15 or more minutes with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days? | | |
| Has your child been directed by your local health department to self-quarantine in the past 14 days? | | |



If you answered YES to 1 or more questions above please keep your child at home.

➤ Contact your school district to explain the reason why your child will be absent from school.