

**DAILY SYMPTOM CHECK**

**Please go through all these questions every day 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 (≥ 100.0) or chills or taken medication in the past 24 hours to lower their temperature (Tylenol/Ibuprofen?) |  |  |
| 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 |  |  |
| 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. | | |