

# COVID-19 Daily Self Checklist



Complete this COVID-19 Daily Self Checklist before attending school each day  
**If you reply YES to any of the questions below STAY HOME**

What is your temperature today without having taken fever reducing medications? \_\_\_\_\_ °F

Do you have a fever over 100°F?       Yes     No

Loss of Smell or Taste?

Yes

No

Muscle Aches?

Yes

No

Sore Throat?

Yes

No

Cough?

Yes

No

Shortness of Breath?

Yes

No

Chills?

Yes

No

Headache?

Yes

No

Fatigue?

Yes

No

Runny Nose?

Yes

No

Congestion?

Yes

No

Have you experienced any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite?

Yes     No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

Yes     No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

Yes     No