



Daily Health Screening

Name: _____ **Class:** _____

Please check the student's temperature every morning before school. If body temperature is 37.5 °C/ 99.5 °F or above, and/or if you have cold or flu like symptoms, please **stay home!** Symptoms include fatigue, sore throat, shortness of breath, muscle pains, chills, and loss of taste or smell.

Week Beginning: _____

	Temperature (°C)	Symptoms (If yes- please describe)	Parent Signature
Mon		Yes/No	
Tue		Yes/No	
Wed		Yes/No	
Thu		Yes/No	
Fri		Yes/No	

Week Beginning: _____

	Temperature (°C)	Symptoms (If yes- please describe)	Parent Signature
Mon		Yes/No	
Tue		Yes/No	
Wed		Yes/No	
Thu		Yes/No	
Fri		Yes/No	