

COVID-19 Daily Self Checklist



Please review this COVID-19 Daily Self Checklist to ensure your child is fit for school, each day, before coming to campus. If there is a YES reply to any of the questions below, your child must **STAY AT HOME** and follow these steps:

- Step 1: Email your child's teacher
- Step 2: Call or email the ASP nurses at nurse@asparis.fr

Please note that if your child is in school with any of these symptoms you will be required to arrange for them to return home. Please do not give your child paracetamol, ibuprofen, or other fever reducing medication in the morning before school unless prescribed by a doctor for conditions like migraines or menstrual cramps.

Do you have any of the following:

A fever (temperature of 38C/100.4F or more)?

- 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

Experienced gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite?

- Yes
- No

Within the last two weeks, has your child been in close contact with someone who has been diagnosed with COVID-19, or who has been placed on quarantine for possible contact with COVID-19? 'Close contact' is defined as being physically near to someone in an enclosed space for more than 15 minutes.

- Yes
- No

Has anyone in your family been asked to self-isolate or quarantine by a medical professional?

- Yes
- No