



TEMPLE CITY UNIFIED SCHOOL DISTRICT

Special Education Student Health Checklist

STUDENT'S NAME: _____ DATE: _____ TEMPERATURE: _____	YES	NO
Have you been exposed to someone with COVID-19?		
Is anyone at home sick?		
Record your temperature. If > 99.6 stay home		
Tiredness		
Shortness of breath		
Difficulty breathing		
Nausea		
Vomiting		
Diarrhea		