

COVID-19 Daily Symptom Checklist for Staff, Parents/Guardians and Students

1. Review the following questions daily and STAY HOME if the answer is “YES”.

For staff or students (grades 6-12): Do you have any of the following symptoms in the past 24 hours that are not caused by another condition?

For families (grades 5 or below): Does your child have any of the following symptoms in the past 24 hours not caused by another condition?

For anyone returning from a break or for new staff/student: Have they had any of the following symptoms in the past 3 days?

| Check if Yes | Symptoms |
|--------------|---|
| | Fever 100.4°F / 38°C or higher |
| | Cough |
| | Shortness of Breath or Difficulty Breathing |
| | Chills |
| | Fatigue |
| | Muscle Pain or Body Aches |
| | Headache |
| | New Loss of Taste or Smell |
| | Sore Throat |
| | Congestion or Runny nose |
| | Nausea or Vomiting |
| | Diarrhea |
| | Other signs of new illness that are unrelated to a preexisting condition (such as seasonal allergies) |

2. Have you been in close contact with anyone with confirmed COVID-19? Close contact means being within 6 feet (2 meters) of an infected person for 15 minutes or more.
3. Have you had a positive COVID-19 test for active virus in the past 10 days?
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?

If you answer YES to any of these questions, stay home and contact your school.