



STUDENT AND STAFF COVID-19 DAILY SELF CHECKLIST

Complete this check each morning before you/your child leaves for school. If you CHECK any item below, your child/you must STAY HOME, and you must notify your child's school nurse and principal.

Please check your child/yourself for these symptoms:

- Fever of 100.4 degrees or higher
- Chills or feeling feverish
- New, uncontrolled cough
- Shortness of breath or difficulty breathing
- Loss of sense taste or smell
- Sore Throat
- Significant fatigue, muscle or body aches
- New onset of severe headache, especially with fever
- Diarrhea, nausea, vomiting, abdominal pain

If your child/you have any of these symptoms, they/you may have an illness that puts them/you at risk for spreading illness to others. For a full list of COVID-19 symptoms, click here:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Have your child/you had **close contact (within 6 feet of an infected person for at least 15 minutes cumulative in a 24 hour period) with a person with confirmed COVID-19 in the last 14 days?**

- Yes
 - No
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Do you have a **household member who has tested positive for COVID-19 or has had symptoms of COVID-19 in the last 14 days?**

- Yes
 - No
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Have you **traveled to any areas** identified in the State of Connecticut's Travel Advisory <https://portal.ct.gov/coronavirus/travel> in the past 14 days?

- Yes
 - No
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This form is for at-home use and does not need to be submitted to the school.