



COVID-19 Student Daily Health Check Form

The Washington Departments of Health and Labor & Industries requires school districts to screen all students to determine if the student has COVID-19 or has been in close contact with an individual exposed to COVID-19.

Student Name _____

Date _____

School _____

Grade _____

In the past 24 hours has the student experienced any of the following symptoms:

- Fever of 100.4 or above
- Cough
- Shortness of Breath or Difficulty Breathing
- Chills
- Loss of Taste or Smell
- Fatigue
- Muscle Pain or Body Aches
- Headache
- 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)

YES NO

Has the student had any of the symptoms of COVID-19 listed above within the past 3 days that lasted more than 24 hours?

YES NO

Has the student been in close contact with anyone with confirmed COVID-19 within the last 14 days? Close contact means being within 6 feet (2 meters) of an infected person for 15 minutes or more.

YES NO

Has the student had a positive COVID-19 test for active virus in the past 10 days?

YES NO

Within the past 14 days, has a public health or medical professional told the student to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?

YES NO

If the answer to any of the questions above is YES, the student must stay home and contact their school.

Name of Person completing this form _____

Daytime Phone Number _____

Signature _____

Date _____