



COVID-19 Health Monitoring

Section 1: Symptoms

Review all of the symptoms. Please note that this list does not include all possible symptoms with COVID-19 and you may experience any, all, or none of these symptoms.

Column A

<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

Column B

<input type="checkbox"/>	Fever greater than 100.4
<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Chest pain or discomfort
<input type="checkbox"/>	Severe dizziness or feel lightheaded
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

If **TWO OR MORE** of the fields in Column A are identified, **OR AT LEAST ONE** field in column B is identified, your student should stay home and you should notify the school nurse. In addition, it is recommended that you notify your doctor.

Section 2: Close Contact/Potential Exposure

Please check box if:

<input type="checkbox"/>	You have had close contact (within 6 feet of an infected person for a cumulative of 15 minutes or more within a 24-hour period) with a person with confirmed COVID-19
<input type="checkbox"/>	You or someone in your household is diagnosed with COVID-19
<input type="checkbox"/>	You are awaiting COVID-19 test results

If **ANY** of the fields in Section 2 are identified, you should remain home and notify the school nurse. Contact your local health department for further guidance.