



**A.W. Beattie Career Center
Daily Self-Health Check List
Students**

Please take your Students temperature before completing the Daily Self-Health Check List. If they have a temperature of 100.4 degrees or if they appear ill based on the questions/symptoms below have them stay home from school and contact your family physician.

Question/Symptoms	Check if Positive
Dry Cough	<input type="checkbox"/>
Trouble Breathing, Shortness of Breath	<input type="checkbox"/>
Muscle/Joint Aches	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>
Headache	<input type="checkbox"/>
Recent loss or change in Taste or Smell	<input type="checkbox"/>
Skin Changes (Rash, Peeling, Swelling of Hands/Feet, Discoloration of Toes)	<input type="checkbox"/>
Abdominal Pain (Diarrhea/Nausea)	<input type="checkbox"/>
Conjunctivitis w/out Discharge (Eye Irritation)	<input type="checkbox"/>
Swollen Lymph Nodes (Neck)	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Have you or have you been around anyone who has been diagnosed or tested Positive for COVID-19 or that is awaiting test results or suspected to be Positive for COVID-19?	<input type="checkbox"/>