

## COVID-19 DAILY SYMPTOM CHECKLIST

- You do not always know which people have a chronic illness or underlying health condition that increases their risk for serious consequences from Covid-19. By monitoring your family for symptoms and keeping your potentially sick family member home from school or work, you are helping to protect every child and adult in our community.
- If you are having difficulty with at home symptom checks or temperature taking, please contact the school to make other arrangements.

**If you answer “YES” to any of the below questions,  
please refer to the instructions on the back of this form**

	NO	YES
Please record your temperature here _____.		
<ul style="list-style-type: none"> <li>• Is your temperature 100.4 F or greater?</li> </ul>		
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have:	NO	YES
<ul style="list-style-type: none"> <li>• Cough</li> </ul>		
<ul style="list-style-type: none"> <li>• Difficulty breathing</li> </ul>		
<ul style="list-style-type: none"> <li>• Sore Throat</li> </ul>		
<ul style="list-style-type: none"> <li>• Congestion or runny nose</li> </ul>		
<ul style="list-style-type: none"> <li>• Muscle or Body Aches (not associated with exercise)</li> </ul>		
<ul style="list-style-type: none"> <li>• Fatigue</li> </ul>		
<ul style="list-style-type: none"> <li>• Headache</li> </ul>		
<ul style="list-style-type: none"> <li>• Chills</li> </ul>		
<ul style="list-style-type: none"> <li>• New loss of taste or smell</li> </ul>		
<ul style="list-style-type: none"> <li>• Nausea or Vomiting (unrelated to anxiety or eating)</li> </ul>		
<ul style="list-style-type: none"> <li>• Diarrhea</li> </ul>		

Revised 8/1/2020