Student Name		Student Name	
eacher	Date	Teacher	Date
eview the foll	lowing questions daily and STAY HOME if the answer is "YES".	Review the fo	ollowing questions daily and STAY HOME if the answer is "YES"
For fami	lies (Pre-K – 5 <sup>th</sup> Grade): Does your child have any of the following ns in the past 24 hours not caused by another condition?	For fan	nilies (Pre-K – 5 <sup>th</sup> Grade): Does your child have any of the following oms in the past 24 hours not caused by another condition?
	one returning from a break or for new staff/student: Have they had a g symptoms in the past 3 days?		yone returning from a break or for new staff/student: Have they had ng symptoms in the past 3 days?
Check if Yes	Symptoms	Check if Yes	Symptoms
	Fever 100.4°F / 38°C or higher		Fever 100.4°F / 38°C or higher
	Cough		Cough
	Shortness of Breath or Difficulty Breathing		Shortness of Breath or Difficulty Breathing
	Chills		Chills
	Fatigue		Fatigue
	Muscle Pain or Body Aches		Muscle Pain or Body Aches
	Headache		Headache
	New Loss of Taste or Smell		New Loss of Taste or Smell
	Sore Throat		Sore Throat
	Congestion or Runny nose		Congestion or Runny nose
,	Nausea or Vomiting		Nausea or Vomiting
	Diarrhea		Diarrhea
	Other signs of new illness that are unrelated to a preexisting condition (such as seasonal allergies)		Other signs of new illness that are unrelated to a preexisting condition (such as seasonal allergies)
f you answer	YES to any of these questions, stay home and contact your school	If you answer	r YES to any of these questions, stay home and contact your school
	Have you been in close contact with anyone with confirmed COVID-19? Close contact means being within 6 feet (2 meters) of an infected person for 15 minutes or more.		Have you been in close contact with anyone with confirmed COVID-19? Close contact means being within 6 feet (2 meters) of an infected person for 15 minutes or more.
	Have you had a positive COVID-19 test for active virus in the past 10 days?		Have you had a positive COVID-19 test for active virus in the past 10 days?
	Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?		Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?