

Student Name _____

Teacher _____ Date _____

Review the following questions daily and **STAY HOME** if the answer is “YES”.

For families (Pre-K – 5th Grade): Does your child have any of the following symptoms in the past 24 hours not caused by another condition?

For anyone returning from a break or for new staff/student: Have they had any of the following symptoms in the past 3 days?

Check if Yes	Symptoms
	Fever 100.4°F / 38°C or higher
	Cough
	Shortness of Breath or Difficulty Breathing
	Chills
	Fatigue
	Muscle Pain or Body Aches
	Headache
	New Loss of Taste or Smell
	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)

If you answer 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 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?

PARENT/GUARDIAN SIGNATURE

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