



## COVID-19 Daily Student Health Assessment

Every day prior to sending student(s) to school, parents/guardians must assess their student(s) for any of the following symptoms that cannot be attributed to any other known condition (allergies, asthma, etc.). **This form must be turned in to your child's school every day.**

Yes	No	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	A fever of 100.4°F or higher or a sense of having a fever
<input type="checkbox"/>	<input type="checkbox"/>	A cough
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath or difficulty breathing
<input type="checkbox"/>	<input type="checkbox"/>	A sore throat
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea (defined as 2 or more loose stools in 24 hours)
<input type="checkbox"/>	<input type="checkbox"/>	New loss of taste or smell
<input type="checkbox"/>	<input type="checkbox"/>	Muscle or body aches
<input type="checkbox"/>	<input type="checkbox"/>	Nausea or vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Congestion/runny nose – not related to seasonal allergies
<input type="checkbox"/>	<input type="checkbox"/>	Unusual fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Headache
<input type="checkbox"/>	<input type="checkbox"/>	Has student been in close contact with anyone with suspected or confirmed COVID-19?
<input type="checkbox"/>	<input type="checkbox"/>	Has student had a positive COVID-19 test for active virus in the past 10 days?
<input type="checkbox"/>	<input type="checkbox"/>	Within the past 14 days, has a public health or medical professional told you to monitor, isolate, or quarantine your student because of concerns about COVID=19-infection?

If the answer to any of the above questions is "yes," please DO NOT send your child to school and call your child's school.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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