

# Daily COVID-19 Checklist

Students should not attend school if the parent/guardian can answer “yes” to any the following questions, either for themselves, the student, or any member of their household in relation to the last 14 days.

Yes  
 No Traveled outside of the US?

Yes  
 No Been diagnosed, presumed positive, lived with, or cared for someone with COVID-19?

Yes  
 No Have cold, flu-like, or respiratory illness symptoms or any of the symptoms listed below?



Fever greater than 100.4



Fatigue



Nausea or Vomiting



Cough or Sore Throat

Congestion, Runny Nose, Chills, Muscle or Body Aches, Diarrhea, Shortness of Breath, Difficulty Breathing, or New Loss of Taste or Smell

If you answered YES to any of these, please stay home, contact your primary care provider & school nurse.

