



## DAILY SYMPTOM CHECK

Please go through all these questions every day **BEFORE** sending your child to school. If your child is ill, please keep your child home to help protect the health of others.

### SYMPTOMS-PART 1

Has your child developed <b>any 1</b> of the following symptoms within the past 24 hours?	YES	NO
Cough	Red	Green
Shortness of breath or trouble breathing	Red	Green
New loss of sense of taste or smell loss	Red	Green
Fever ( $\geq 100.4^\circ$ ) or chills or taken medication in the past 24 hours to lower their temperature (Tylenol/Ibuprofen?)	Red	Green
Diarrhea	Red	Green
Vomiting	Red	Green



If you answered **YES** to any of the questions above in Part 1 please keep your child at home.  
 ➤ Contact your school district to explain the reason why your child will be absent from school.

### SYMPTOMS-PART 2

Has your child developed <b>any 2</b> of the following symptoms within the past 24 hours?	YES	NO
Sore throat	Red	Green
Unusual fatigue	Red	Green
Runny nose or nasal congestion	Red	Green
Headache	Red	Green
Muscle or body aches	Red	Green
Nausea (Feeling sick to stomach)	Red	Green



If you answered **YES** to 2 or more questions above please keep your child at home.  
 ➤ Contact your school district to explain the reason why your child will be absent from school.

### RISK FACTORS

	YES	NO
Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?	Red	Green
Has your child been in close contact (less than six feet) for 15 or more minutes with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?	Red	Green
Has your child been directed by your local health department to self-quarantine in the past 14 days?	Red	Green



If you answered **YES** to 1 or more questions above please keep your child at home.  
 ➤ Contact your school district to explain the reason why your child will be absent from school.