

Covid-19 Daily Self Checklist

Please review this checklist each day before your child leaves for school.

If you reply **YES** to any of the questions below, please keep your child home and contact your child's pediatrician for instructions.

Does your child have:

- | | | |
|---|------------------------------|-----------------------------|
| Fever (100.0°F or higher) without use of fever reducing medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough (not due to other known cause, such as chronic cough)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty breathing or shortness of breath? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills or shaking chills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New loss of taste or smell? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache <i>when in combination with other symptoms?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle aches or body aches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea, vomiting or diarrhea? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fatigue, <i>when in combination with other symptoms?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nasal congestion or runny nose (not due to other known causes, such as allergies) <i>when in combination with other symptoms?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |