

DAILY COVID-19 SYMPTOM CHECKLIST

<p>If your child has any of these symptoms, DO NOT send them to school. Call your pediatrician for further instructions and possible COVID-19 testing.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever (100.0° Fahrenheit or higher), chills, or shaking chills <input type="checkbox"/> Cough (not due to other known cause, such as chronic cough) <input type="checkbox"/> Difficulty breathing or shortness of breath <input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Sore throat <input type="checkbox"/> Headache when in combination with other symptoms <input type="checkbox"/> Muscle aches or body aches <input type="checkbox"/> Nausea, vomiting, or diarrhea <input type="checkbox"/> Fatigue, when in combination with other symptoms <input type="checkbox"/> Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms 	<p>___ Yes ___ No</p>
<p>In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?</p>	<p>___ Yes ___ No</p>
<p>Have you or any household member traveled out of the state? If so, where?</p>	<p>___ Yes ___ No</p>
<p>If you answer YES to any of the above questions please KEEP YOUR CHILD HOME and call your pediatrician and the school nurse.</p>	