

Temperature at Check-In: _____

Name (Print): _____

Date: _____

Phone Number: _____

This checklist must be completed every day before entering a school building.

If you answer "YES" to one or more questions, you MUST stay home.

Yes	No	Do you have any unusual symptoms from the list below?
<input type="checkbox"/>	<input type="checkbox"/>	A fever? (Temperature greater than 100.4 F)
<input type="checkbox"/>	<input type="checkbox"/>	A new or worsening cough?
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath/difficulty breathing?
<input type="checkbox"/>	<input type="checkbox"/>	Runny nose and/or congestion?
<input type="checkbox"/>	<input type="checkbox"/>	Body aches and/or tiredness.
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting and/or diarrhea?
<input type="checkbox"/>	<input type="checkbox"/>	New loss of smell or taste?

If the answer to any of the above questions is "yes", stay home and consult your primary care physician. If a doctor determines that your symptoms are due to another diagnosis, or COVID-19 are ruled out, you may enter the school after being fever-free for 24 hours without the use of fever-reducing medications.

Have you had close contact with anyone who had a positive COVID-19 Diagnostic test in the past 14 days.

Have you traveled out of the US in the last 14 days?

If the answer is "yes" to either of these questions, you must stay home to quarantine for 14 days since last contact or return to US.

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