

# COVID - 19 Symptoms and/or Signs List

The following is a *CHECKLIST* for you to **use AT HOME** each day. **DO NOT** complete this form and send it back to school.

In an effort to keep all our staff and students safe, we ask that you check for the following symptoms each morning before attending school in-person. If you are exhibiting any of these symptoms, please keep your student home and inform the main office. If you are unsure, please contact the school nurse for further instruction.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Please do not attend in-person school and contact the school nurse in the event you are able to answer “yes” to any of the following questions.**

1. HAVE YOU TRAVELED OUTSIDE OF THE COUNTRY IN THE PAST 14 DAYS?
2. HAVE YOU TRAVELED OUTSIDE OF THE STATE AND NOT RECEIVED A NEGATIVE COVID TEST IN THE PAST 14 DAYS?
3. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EXPERIENCED COVID-19 SYMPTOMS IN THE PAST 14 DAYS?
4. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN DIAGNOSED WITH COVID-19 IN THE PAST 14 DAYS?