



Student Daily Health Questionnaire

Please refer to the following questions daily prior to departing for school.

This form is not to be returned to the school.

Question #1: Does your child have a body temperature of 100.0 degrees or above today?

Question #2: Is your child experiencing any NEW symptoms of:

- cough
- shortness of breath
- sore throat
- loss of taste or smell
- chills
- muscle aches
- headache
- nausea/vomiting
- diarrhea
- congestion/runny nose
- fatigue

Question #3: Has your child been in close proximity (6 feet for 10 minutes or more) of a person with confirmed COVID-19 in the last 14 days?

Question #4: Has your child been tested for COVID-19 within the last 14 days due to exhibiting COVID-19 symptoms or had potential exposure to someone who may have COVID-19 and are awaiting test results?

Question #5: In the past 14 days, has your child traveled outside of the United States or to any travel restricted state?

If you answered YES to any of the above questions, do NOT send your child or children to school. Please contact your building School Nurse or Principal immediately. Thank you!