

Daily Symptom Monitoring

Please complete this checklist on a daily basis with your child to monitor for symptoms of COVID-19.

Column A If you checked 1 or more symptoms, student should stay home from school	Column B If you checked 2 or more symptoms, student should stay home from school
<input type="checkbox"/> Fever (100°F or higher) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Lack of smell or taste (without congestion)	<input type="checkbox"/> Sore throat <input type="checkbox"/> Chills <input type="checkbox"/> Muscle pain <input type="checkbox"/> Headache <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Fatigue