Parent/Families Daily Self-Check Health Questionnaire for Child/Children

The safety of our students/families and employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities.

Please answer the questions below (one form per child per day):

1. Have you, your child, or a member of your household currently experiencing, or have experienced in the past 14 days, a NEW onset cough or shortness of breath or at least 1 of the following symptoms? (Please take your child’s temperature before you answer this question.)
   - Yes ☐ No ☐ Fever (100.4°F/37.8°C or greater as measured by an oral thermometer)
   - Yes ☐ No ☐ Cough
   - Yes ☐ No ☐ Shortness of breath or difficulty breathing
   - Yes ☐ No ☐ Sore throat
   - Yes ☐ No ☐ New loss of taste or smell
   - Yes ☐ No ☐ Chills
   - Yes ☐ No ☐ Head or muscle aches
   - Yes ☐ No ☐ Nausea, diarrhea, vomiting
   - Yes ☐ No ☐ Runny Nose

2. In the past 14 days, have you or your child been close to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?
   - Yes ☐ No ☐

3. In the past 14 days, have you or your child been in close contact (within about 6 feet for 15 minutes or more) with someone with suspected or confirmed COVID-19?
   - Yes ☐ No ☐

4. Have you or your child been tested for COVID-19 and are waiting to receive test results?
   - Yes ☐ No ☐

5. In the past 14 days have you or your child traveled internationally?
   - Yes ☐ No ☐

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: __________________________________________

Date: _________________________________________________

If you have answered yes to any of these questions KEEP YOUR CHILD AT HOME, Do Not Send your child to school and seek medical guidance from a health care provider or contact your local health department.