

COVID 19 Symptom Checklist - Student												
Student Name:												
Parent Phone Number:												
Is your child experiencing any symptoms of COVID-19 listed below?	11/17	11/18	11/19	11/20	11/23	11/24	11/25	11/30				
	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below
Cough	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Chills	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Shortness of breath or difficulty breathing	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Muscle or body aches	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Sore throat	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
New Loss of taste or smell	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Diarrhea	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Headache	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Nausea or vomiting	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
New fatigue	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Congestion or runny nose	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Hives or rash	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Has your child traveled internationally or to a state on	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Has your child had close contact with someone	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Has anybody in your household been asked to self	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
What was your child's temperature when checked this morning?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Initial of parent completing the checklist												

This checklist must be completed by a parent or guardian each day before arriving at St. Rose of Lima School. Students should stay home if answering **YES** to any of the questions above. Students should stay home if the measured temperature greater than 100 degrees F.

If this checklist is not complete, or not presented to the teacher upon arrival, or presented indicating **YES** to any answer, the student will be screened by the school nurse and parents will be called to bring the child home.

Please be sure to have a plan in place for timely pick up should your child need to go home.

Re-entry following illness: a note from a healthcare provider clearing your child will be required.

Student Name:		COVID 19 Symptom Checklist - Student													
Parent Phone Number:		11/2	11/4	11/5	11/6	11/9	11/10	11/11	11/12	11/13	11/16				
Is your child experiencing any symptoms of COVID-19 listed below?		Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below	Circle answer below				
Cough		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Chills		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Shortness of breath or difficulty breathing		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Muscle or body aches		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Sore throat		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
New loss of taste or smell		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Diarrhea		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Headache		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Nausea or vomiting		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
New fatigue		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Congestion or runny nose		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Hives or rash		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Has your child traveled internationally or to a state		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Has your child had close contact with someone		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Has anybody in your household been asked to self		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
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