			٠		COV	COVID 19		upton	1 Che	cklis	t-Sti	Symptom Checklist - Student	, ,			
State Ivalue:				ı							1			?		
Parent Phone Number:	111/	11/17	11,	11/18	11	11/19	ii.	11/20	ä	11/23	2 11	11/24	ir/	22/11	11/30	30
Is your child experiencing any symptons of COVID-19	Circle	cle	δ	Circle	Ω	Circle	Ω	Circle	Ω	Circle	5	Circle	CH	Circle	Circle	cie
listed below?	helow	nswer	he.	helow	- E	helow	± ±	helow	je di	helow	, 등	helow	helow	he]nw	helow	WK
Cough	SHY	NO	YES	ON	YES	ON	YES	NO	YES	NO	YES	NO	YES	NO	-	NO
Chills	XES	ON	YES	NO	YES	NO	YES	NO	SIX	NO	YES	NO	YES	NO	YES	O
Shortness of breath or difficulty breathing	YES	ON	SEY	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	O
Muscle or body aches	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Sore throat	YES	NO	YES	ON	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
New loss of taste or smell	ΥES	NO	SEY	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Diarrhea	SŦŸ	ON	SEA	ON	YES	NO	SEX	NO	YES	NO	YES	NO	YES	NO	YES	NO
Headache	YES	NO	YES	ON	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Nausea or vomiting	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	XES	NO	YES	NO	YES	NO
New fatigue	YES	NO	SEA	NO	YES	NO	YES	NO	SEX	NO	YES	Ņ	YES	NO	YES	NO
Congestion or runny nose	YES	ΝO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	SEĀ	NO
Hives or rash.	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	C
Has your child traveled internationally or to a state on	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	Š
Has your child had close contact with someone	SHY	ON	YES	OM	YES	NO	YES	NO	SŦĂ	NO	YES	NO	SEA	NO	YES	NO
Has anybody in your household been asked to self	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	SEX	NO
What was your child's temperature when checked this								*******	-							
morning?																
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:							COV	COVID 19 Sym) Syn	rođď	ıptom Checklist - Student	eckli	st-S	tudes	1t					
Parent Phone Number:	11/2	13	11/4	4	11/5	5	11/6	/6	11	9	ä	01/11	ı.	m/m	[11/12	11/13	33	旦	11/16
Is your child experiencing any symptons of COVID-19	Circle	Яe	Circle	le .	Circle	é	Circle	cle	ξi	Circle	S i	cle	δ	Circle	S	Circle	Ciroles	The answer of the answer	Colora	Towns
listed below?	answer	ିନ୍	answer	Ē	answer	er	answer	wer	ans		ans	answer	ence	answer	ans	answer	below	VA	bel	below
Cough	SEA	<u> </u>	NES.	9	ON SEA		-YES N	NO	SEA	NO.	SEX	S NO	SEA	S NO	SEA	S NO	Sak	NO	SEX	NO
0,	SEA	ON	SEA	NO	SEX		YES	NO	SEX	NO	SHA	ğ	SEA	NO			SEA	NO	YES	NO
Shortness of breath or difficulty breathing	SEX	ŏ	YES	Ö	SHA	NO	SHA	NO	YES	ZO	SEX	Š	SEY	NO	SEX	NO	SEA	NO	SEX	NO
ody aches	SHY	ON	YES	ŏ	YES.	ON	SEA	NO	YES	Ö	SHA	ð	SEX	ĕ	SEZ	1	SEA	Ö	XES.	NO
	SEY	ON	YES	NO	SEY	NO	SHA	NO	SEX	ð	SEY	ð	SEA	ð	SEY	NO	SEY	Ö	¥ES	NO
of taste or smell	SEY	NO	SEA	NO	SEX	ON	SEX	NO	SHA	NO	SEX	NO	YES	NO	SEX	NO	YES	NO	SEX	NO
	YES	OM	STY	OM	SEA	-ON	SEA	ON	SEX	ON	SEE	No	SHY	NO	SHY	NO	SEK	NO	SEX	NO
	SEA	ON	SIX	ON	SHY	NO	YES	NO	SHY	NO	NES	No	SHA	NO	SEY	No	SEY	NO	KES	No
omiting	YES	ON	SHA	ON	SHY	NO	SEX	NO	SHY	NO	SEX	ğ	SEA	ON	SEY	NO	SEK	NO	SEX	NO
	YES	NO	YES	ON	¥ES	NO.	SHA	ON	SHY	ğ	SHY	ğ	SEX	Š	SEA	ΝO	SEA	NO	SEA	NO
r runny nose	SEK	ON	SHA	NO	SEX	ON	YES	NO	SHY	Ö	SEX	ö	YES	NO	SHY	NO	SHY	NO	SEX	NO
_	SEK	NO	SEX	NO	SEY	ON	SEY	NO	SEL	NO	SEK	Ö	SHA	NO	SEY	NO.	SHA	ON	SEA	NO
tate	YES	NO	YES	NO	SEX	ON	XEX	ON	SEA	So	SEA	NO	SELY	Ö	YES	No	SEY	NO	SEA	NO
	XES	ON	SEA	NO	SEX	NO	SEX	ON	SIL	Ň	SHY	No	SEX	NO	SHY	NO	SEY	NO	SEA	NO
Has anybody in your household been asked to self	SEX	NO	SEX	NO	YES	NO.	SHA	ON	SIX	ON	SEA	NO	SEL	ON	SHY	ON	SHY	ON	SEX	ON
What was your child's temperature when checked this morning?																				
Initial of parent completing the checklist			-			<i>,</i>														
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