Student Name:	**COVID 19 Symptom Checklist - Student**																			
Parent Phone Number:	**5/17**		**5/18**		**5/19**		**5/20**		**5/21**		**5/24**		**5/25**		**5/26**		**5/27**		**5/28**	
Is your child experiencing any symptons 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**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Chills	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**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**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Muscle or body aches	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Sore throat	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**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**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Diarrhea	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Headache	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**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**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
New fatigue	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Congestion or runny nose	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Hives or rash	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Has your child traveled internationally or to a state on the CT travel advisory list in the past 14 days?	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Has your child had close contact with someone diagnosed with COVID-19?	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Has anybody in your household been asked to self quarantine due to exposure to someone diagnosed with COVID-19?	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**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.

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Parent Phone Number:	**5/3**		**5/4**		**5/5**		**5/6**		**5/7**		**5/10**		**5/11**		**5/12**		**5/13**		**5/14**		**5/15**	
Is your child experiencing any symptons 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**		**Circle answer below**	
Cough	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Chills	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	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	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Muscle or body aches	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Sore throat	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	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	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Diarrhea	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Headache	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	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	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
New fatigue	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Congestion or runny nose	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Hives or rash	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Has your child traveled internationally or to a state on the CT travel advisory list in the past 14 days?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Has your child had close contact with someone diagnosed with COVID-19?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Has anybody in your household been asked to self quarantine due to exposure to someone diagnosed with COVID-19?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
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