| *Student Name:* | COVID 19 Symptom Checklist - Student | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Parent Phone Number:* | 10/16 | | 10/19 | | 10/20 | | 10/21 | | 10/22 | | 10/23 | | 10/26 | | 10/27 | | 10/28 | | 10/29 | | 10/30 | |
| **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 |
| **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:* | COVID 19 Symptom Checklist - Student | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Parent Phone Number:* | 10/1 | | 10/2 | | 10/5 | | 10/6 | | 10/7 | | 10/8 | | 10/9 | | 10/13 | | 10/14 | | 10/15 | |
| **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 | |
| 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.