



Review this COVID-19 Daily Self Checklist **before coming to an outdoor class.**

**If you reply YES to any of the questions below, STAY HOME and follow the steps below:**

**Do you have a fever (temperature over 100.3 F) without having taken any fever-reducing medications?**

☐ Yes   ☐ No

**Loss of Smell or Taste?**

☐ Yes   ☐ No

**Muscle Aches?**

☐ Yes   ☐ No

**Sore Throat?**

☐ Yes   ☐ No

**Chills?**

☐ Yes   ☐ No

**Irregular Cough?**

☐ Yes   ☐ No

**Shortness of Breath?**

☐ Yes   ☐ No

**Headache?**

☐ Yes   ☐ No

**Have you experienced any gastrointestinal symptoms such as nausea/ vomiting, diarrhea, loss of appetite?**

☐ Yes   ☐ No

**Have you, or anyone you have been in close contact with, been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?**

☐ Yes   ☐ No

**Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?**

☐ Yes   ☐ No