



## Daily Wellness Check Questions

1. How are you feeling today?
2. Did you take your child's temperature this morning?  
Was the temperature under 100.4 degrees?
3. Have you or anyone in your family traveled outside of the country in the last 14 days?
4. Have you or anyone in your family had contact with anyone confirmed COVID-19 in the last 14 days?
5. Do you or anyone in your household currently have or have you had any of the following symptoms in the last 14 days?
  - Fever
  - Cough
  - Shortness of breath or difficulty breathing

If you have experienced any of these symptoms, please stay home and contact your physician.