

## AT-HOME SYMPTOM CHECKLIST



Use this checklist every morning before leaving for school. If you or your child are experiencing any of the below symptoms, call your healthcare provider.

☐ HAS YOUR CHILD EXPERIENCED ANY OF THE FOLLOWING?

- COUGH
- SHORTNESS OF BREATH
- DIFFICULTY BREATHING
- SORE THROAT

☐ HAS YOUR CHILD HAD ANY OF THE FOLLOWING WITHIN THE PAST 48 HOURS?

- FEVER
- CHILLS
- MUSCLE ACHES/PAINS

☐ DOES YOUR CHILD HAVE A NEW LOSS OF TASTE OR SMELL?

☐ DOES YOUR CHILD HAVE A NEWLY-ONSET HEADACHE?

☐ IS YOUR CHILD EXPERIENCING:

- NAUSEA
- VOMITING
- DIARRHEA

Call the school office  
at  
262-782-7057

## AT-HOME SYMPTOM CHECKLIST



Use this checklist every morning before leaving for school. If you or your child are experiencing any of the below symptoms, call your healthcare provider.

☐ HAS YOUR CHILD EXPERIENCED ANY OF THE FOLLOWING?

- COUGH
- SHORTNESS OF BREATH
- DIFFICULTY BREATHING
- SORE THROAT

☐ HAS YOUR CHILD HAD ANY OF THE FOLLOWING WITHIN THE PAST 48 HOURS?

- FEVER
- CHILLS
- MUSCLE ACHES/PAINS

☐ DOES YOUR CHILD HAVE A NEW LOSS OF TASTE OR SMELL?

☐ DOES YOUR CHILD HAVE A NEWLY-ONSET HEADACHE?

☐ IS YOUR CHILD EXPERIENCING:

- NAUSEA
- VOMITING
- DIARRHEA

Call the school  
office at  
262-782-5057