



COVID 19 DAILY SYMPTOM CHECK

Please review this COVID-19 Daily symptom checklist each day with your child.

If you reply YES to any of the questions below, STAY HOME and contact your child's pediatrician.

Does your child have?

<input type="checkbox"/> Fever (100.0 or higher), Chills	<input type="checkbox"/> Muscle Aches or body aches
<input type="checkbox"/> Difficulty Breathing or Shortness of Breath	<input type="checkbox"/> New Loss of taste or smell
<input type="checkbox"/> Cough (not due to other known cause)	<input type="checkbox"/> Nausea, Vomiting or Diarrhea (in combination with another symptom)
<input type="checkbox"/> Sore Throat (in combination with another symptom)	<input type="checkbox"/> Nasal congestion or runny nose (in combination with another symptom)
<input type="checkbox"/> Headache (in combination with another symptom)	<input type="checkbox"/> Fatigue (in combination with another symptom)

Has your child...

☐ Taken any medication in the last 24 hours for any of the above symptoms?

- **Answered NO? You're GOOD TO GO!**
- **Answered YES to any of the above please STAY HOME, call your child out of school, and contact your child's pediatrician.**
- **Per state and local BOH requirements, before your child may return to school, they must have a Negative PCR COVID test or a letter from their pediatrician clearing them for a return to school.**
- **Please note that per DPH guidance there is a difference in the protocols for Vaccinated and Unvaccinated individuals who experience certain symptoms. We ask that you discuss and clarify any next steps with our school nurses before returning to school.**

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