

DAILY HEALTH CHECK

The daily health check will ask the following questions:

1. Has your child experienced any of the following symptoms during the last 24 hours?

- Fatigue from unknown cause
- Fever (over 100.4)
- New onset of moderate to severe headache
- Muscle or body aches
- New cough
- Sore throat
- Vomiting or diarrhea
- New congestion/runny nose
- New loss of smell or taste

DAILY HEALTH CHECK (CONT'D)

Possible Answers to Question 1:

- ☐ Yes, this is a **NEW** symptom(s) for my child. **DO NOT COME TO SCHOOL.** Please contact your healthcare provider for additional guidance.
- ☐ Yes, but it is related to a diagnosed health condition my child has, **other than COVID-19.** As it is possible to have COVID-19 and other health conditions at the same time, every symptomatic person should be evaluated by their healthcare provider on a case-by-case basis. If you haven't already provided the school with medical certification that the symptom(s) are the result of another diagnosed health condition, **DO NOT COME TO SCHOOL UNTIL YOU HAVE DONE SO.**
- ☐ Yes, and I have provided a doctor's note to the school about this diagnosed health condition, other than COVID-19. COME TO SCHOOL
- ☐ No

DAILY HEALTH CHECK (CONT'D)

2. **Has your child been diagnosed with COVID-19 in the past 14 days?** Yes or No
3. **Has your child been in contact with anyone who has been diagnosed with COVID-19 in the past 14 days?** Yes or No
4. **Has anyone in your home experienced any of the COVID-19 symptoms during the last 24 hours?** Yes or No
5. **Has your child traveled outside the State of Illinois for 24 hours or more in the past 14 days?** Yes or No; if “yes”, refer to the [emergency travel guidance map](#).
Travel from a 'yellow' state does not require quarantine. Please use this information to guide your child's attendance at school following travel outside of the state of IL.