

## COVID-19 DAILY SYMPTOM CHECKLIST

- You do not always know which people have a chronic illness or underlying health condition that increases their risk for serious consequences from Covid-19. By monitoring your family for symptoms and keeping your potentially sick family member home from school or work, you are helping to protect every child and adult in our community.
- If you are having difficulty with at home symptom checks or temperature taking, please contact the school to make other arrangements.

### IF YOU ANSWER “YES” TO ANY OF THE BELOW QUESTIONS YOU MUST STAY HOME

Do you have any of the below symptoms? <i>If you have any of these symptoms, please refer to the instructions on the back of this form for follow up instructions.</i>	NO	YES
Please record your temperature here <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> .		
• Is your temperature 100.4 F or greater?		
• Do you feel ill?		
• Cough		
• Difficulty breathing		
• Sore Throat		
• Congestion or runny nose		
• Muscle or Body Aches (not associated with exercise)		
• Fatigue		
• Headache		
• Chills		
• New loss of taste or smell		
• Nausea or Vomiting (unrelated to anxiety or eating)		
• Diarrhea		
<b>Have you been exposed to someone with Covid-19 in the past 14 days? <i>If the answer to this question is “YES” then STAY HOME and CONTACT THE SCHOOL and Nurse Ettl immediately.</i></b>		

## Options for Follow Up to Possible Covid-19 Symptoms

If the staff/student states that they have one or more of the symptoms on the Daily Symptom Checklist, then they should **STAY HOME**, and **CONTACT THE SCHOOL** to discuss one of the following follow up options:

- A.** If the staff/student answered YES to one or more of the Daily Symptom Check questions and they followed up with a **Covid- 19 test that had a negative result**, then they may return to work/school when the following conditions are met:
- Symptoms are resolving (not necessarily completely resolved)
  - Fever free for 24 hours without the use of fever reducing medications
  - 24 hours without an incidence of diarrhea
  - Submission to school of negative Covid- 19 test
- B.** If the staff/student answered YES to one or more of the Daily Symptom Check questions and they followed up with a **Covid- 19 test that had a positive result**, then they may return to work/school when the following conditions are met:
- It has been 10 days since the onset of symptoms
  - Symptoms are resolving (not necessarily resolved)
  - Fever free for 24 hours without the use of fever reducing medications
  - 24 hours without an incidence of diarrhea
- C.** If the staff/student answered YES to one or more of the Daily Symptom Check questions and **they have not had a Covid- 19 test**, then they should consult their healthcare provider who will decide if they are a candidate for Covid- 19 testing.
- If the physician recommends testing, then depending on the result of the test, see A or B above.
  - If testing is not recommended by their healthcare provider, then staff/student may return to work/school when the following conditions are met:
    - Symptoms are resolving (not necessarily completely resolved)
    - Fever free for 24 hours without the use of fever reducing medications
    - 24 hours without an incidence of diarrhea
    - Submission to school of physician note stating the Covid-19 test not needed
- D.** If the staff/student answered YES to one or more of the Daily Symptom Check questions and **they have not had a Covid test and have chosen not to contact their healthcare provider**, then they may return to work/school when the following conditions are met:
- It has been 10 days since the onset of symptoms
  - Symptoms are resolving (not necessarily resolved)
  - Fever free for 24 hours without the use of fever reducing medications
  - 24 hours without an incidence of diarrhea

**Seek medical attention if your Covid- 19 symptoms become severe, including persistent chest pain or pressure in the chest, confusion or bluish lips or face.**

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NAME

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SIGNATURE

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DATE