COVID-19 Daily Self Checklist

Complete this COVID-19 Daily Self Checklist before attending school each day

If you reply YES to any of the questions below STAY HOME

What is your temperature today without having taken fever reducing medications?

_____ oF

Do you have a fever over 100.4oF? □ Yes □ No

Low risk symptoms:

Muscle Aches?
□ Yes
□ No

Sore Throat?
□ Yes
□ No

Headache?
□ Yes
□ No

Nausea, Vomiting, Diarrhea?
□ Yes
□ No

Fatigue?
□ Yes
□ No

Runny Nose?
□ Yes
□ No

Congestion?
□ Yes
□ No

High risk symptoms:

Loss of Smell or Taste?
□ Yes
□ No

Shortness of Breath?
□ Yes
□ No

Cough?
□ Yes
□ No

Have you experienced any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite?
□ Yes □ No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?
□ Yes □ No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?
□ Yes □ No

Have you recently returned from domestic or international travel on the CT or CDC Travel Advisory List?
□ Yes □ No