

Name: _____ Temp: _____ Date: _____

Covid-19 Monitoring Checklist

Parents should check for the following with their child each day before school.
(for symptoms unrelated to another medical condition or activity)

<p><u>"A" List Symptoms</u></p> <p>If your child answers "yes" to any of the below, do not send the child to school or any school activities.</p> <p>These symptoms warrant medical Evaluation.</p> <input type="checkbox"/> Recent loss of smell/taste (<5 days) <input type="checkbox"/> Chills/repeated shaking with chills <input type="checkbox"/> Vomiting or diarrhea <input type="checkbox"/> New muscle aches <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Temperature of 100.0°F or higher within the last 72 hrs without fever reducing medication	<p><u>"B" List Symptoms</u></p> <p>Your child will be monitored throughout the day for changes in symptoms and/or a temperature. You may be called if it deteriorates or changes.</p> <input type="checkbox"/> Sore throat <input type="checkbox"/> New or worsening cough <input type="checkbox"/> Congestion <input type="checkbox"/> Headache <input type="checkbox"/> Nausea <input type="checkbox"/> Unexplained fatigue
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Household List

If anyone in your **household** answers "yes" to **any** of the below, do not send **any** of your children to school or any school activities. Contact the office immediately.

 Has 3 or more symptoms from the list above
 Recent close contact with a person testing Covid-19 positive
 Needs to quarantine for any reason including awaiting test results

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