

## Daily Checklist for Every Student & Staff Member

We designed this checklist to assist us all in being honest and vigilant when monitoring our health. EVERY STUDENT (and staff member) must turn in a form that has been completed and signed EVERY DAY.

- On a weekly basis, RLA will provide the ¼ sheet daily checklists. If you need more, they can be downloaded and printed from our website: [rlasouthbend.com/resources](http://rlasouthbend.com/resources).
- **If your student does not have one when walking in the door, they will be sent back to the car with a blank slip. Return to the end of the car line and we will come out with a no contact thermometer.**
- “A” list symptoms require that your child stays home. Children with “B” list symptoms will be continually monitored throughout the day. You may be called if their condition deteriorates or changes. If anything on the household list is check, then NONE of your children should come to school.
- Students must be **72 hrs** fever-free **WITHOUT USE OF FEVER REDUCING MEDICATION**.
- Don’t forget to contact the office by 9am if your child will not be attending school for any reason.
- If anyone in your household tests Covid positive, you must **inform us IMMEDIATELY**. After office hours, call 574-274-8468.
- This paper can be folded in half and hung up as a daily reminder to complete the checklist.

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)

#### “A” List Symptoms

If your child answers “yes” to **any** of the below, do not send the child to school or any school activities.

**These symptoms warrant medical Evaluation.**

- |                          |  |
|--------------------------|--|
| <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 <u>72 hrs</u> without fever reducing medication |

#### “B” List Symptoms

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.

- |                          |                        |
|--------------------------|------------------------|
| <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    |

#### 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.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Has 3 or more symptoms from the list above                           |
| <input type="checkbox"/> | Recent close contact with a person testing Covid-19 positive         |
| <input type="checkbox"/> | Needs to quarantine for any reason (including awaiting test results) |

Parent Signature: