

Sample Student Symptom Checker

Student Name:

Site Location:

Date: _____

Event: _____

Instructions: Under order of the Public Health Officer, students must undergo a symptom check prior to coming to school or participating in an event. Please check your symptoms at home. Please select Y=Yes and N=No and record on the sheet. If you answer **YES** to any of the below questions, under order of the Public Health Officer you must stay home until 14 days after your last exposure or at least 10 days have passed since symptoms first appeared.

Please record your temperature here_____. If your temperature is more than 100.0 F, you may not participate.	No	Yes
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have:		
<ul style="list-style-type: none"> · Cough · Shortness of breath or difficulty breathing · Chills · Fatigue · Muscle or body aches · Congestion or runny nose · Sore throat · Headache · New loss of taste or smell · Nausea · Vomiting (unidentified cause, unrelated to anxiety or eating) · Diarrhea 		

I, _____ the parent of the above named student, attest that the answers above are accurate to the best of my knowledge. I confirm that the above named student has not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name of Parent:

Signature of Parent:

Date:

Current Phone Number:

