

Student's Name _____

Grade _____

Please take your child's temperature each morning before they leave for school and mark it in the appropriate space below. In addition, please check for the following symptoms:

- Fever, chills, body aches, unexplained malaise or fatigue
- Respiratory symptoms (runny nose, cough, difficulty breathing)
- Loss of smell or taste
- Headache
- Sore throat
- Unusual rash on toes or fingers

If your child is symptom free, please check the relevant box and initial in the space provided.

All students are required to present a complete Health Screening Card during each day before they enter campus. If your child has a fever greater than or equal to 100.0°F and/or any of the symptoms above, they should not attend school.

Week of _____	Mon	Tues	Wed	Thurs	Fri
Temperature <100.4 °F					
No symptoms (check box)					
Parent Initial					

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