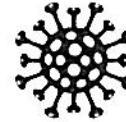


# BEFORE SCHOOL!



Parents are asked to review this daily health checklist by answering these questions before sending their child to school.

(Parents do not need to send the questionnaire to school)

Has your child had close contact with a confirmed case of COVID-19 in the past 14 days?

Yes \_\_\_ No \_\_\_

Does your child have a new or worsening shortness of breath?

Yes \_\_\_ No \_\_\_

Does your child have new or worsening cough?

Yes \_\_\_ No \_\_\_

Does your child have a fever of 100.4 or greater?

Yes \_\_\_ No \_\_\_

Does your child have chills?

Yes \_\_\_ No \_\_\_

Does your child have a sore throat?

Yes \_\_\_ No \_\_\_

Does your child have a new loss of taste or smell?

Yes \_\_\_ No \_\_\_



If **YES** to any of the questions **STOP!**

Do not send your child to school. Contact your healthcare provider. Contact your child's school to inform them of your child's absence.



If you can answer **NO** to all questions, go to school.