



# ***Student and Staff COVID-19 Daily Self Checklist***

**Complete this check each morning before you/your child leaves for school.**

**If you CHECK any item below, your child/you must STAY HOME, and you must notify your child's **school nurse and principal**.**

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**Please check your child/yourself for these symptoms:**

- Fever of 100.4 degrees or higher
- Chills or feeling feverish
- New, uncontrolled cough that causes difficulty breathing
- Shortness of breath or difficulty breathing
- Loss of sense taste or smell
- Sore Throat
- Significant fatigue, muscle or body aches
- New onset of severe headache, especially with fever
- Diarrhea, nausea, vomiting, abdominal pain

*If your child/you have any of these symptoms, they/you may have an illness that puts them/you at risk for spreading illness to others. For a full list of COVID-19 symptoms, click here:*

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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**Have your child/you had **close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19 in the last 14 days?****

- Yes
- No

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**Do you have a **household member who has tested positive for COVID-19 or has had symptoms of COVID-19 in the last 14 days?****

- Yes
- No

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**Have you **traveled to any Affected States** identified in the State of Connecticut's Travel Advisory <https://portal.ct.gov/coronavirus/travel> in the past 14 days?**

- Yes
- No

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**THIS FORM IS FOR AT-HOME USE AND DOES NOT NEED TO BE SUBMITTED TO THE SCHOOL.**