

Student, Staff, and Visitor Daily Wellness Checklist

| Do you currently have the following symptom? |
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| \Box Fever (100 $^{\circ}$ F or higher) - STAY HOME |
| Do you currently have two (2) or more of the following symptoms that you cannot relate or connect to another health condition? |
| □ Chills |
| □ Cough |
| □ Headache |
| □ Muscle aches |
| □ Nausea, vomiting, or diarrhea |
| □ New loss of taste or smell |
| \square New runny nose or congestion |
| Shortness of breath or difficulty breathing |
| □ Sore throat |
| ☐ Close contact with a person with COVID-19 in the last 14 days |

This list is subject to change as new symptoms of COVID-19 are identified.

Individuals with two (2) or more of the above symptoms should not attend/enter school and should consult with their healthcare provider. CDC considerations should be followed regarding return to the school campus.