

Parents: Please complete this short check each morning before your child leaves for school and present to his/her teacher. Temperatures will also be checked again in school before students are allowed to enter class. Failure to complete and present may delay or prevent student's admission to class and may lead to their having to be picked up from school.

Student's Name _____ Class _____ Date _____

If the answer is **YES** to any question, please **do not** bring your child to school and contact your medical professional.

1. If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others.

Does your child have any of these symptoms:

- Temperature 100.4 degrees Fahrenheit
- Sore Throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever
- Shortness of breath
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

No. The student may go to school

Yes.. The student may **not** go to school.

2. To the best of your knowledge, in the past 14 days, has your child been in close contact (within 6 feet for at least 10 minutes) with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?

No. The student may go to school

Yes.. The student may **not** go to school.

3. Has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the [New York State Travel Advisory](#) in the past 14 days.

No. The student may go to school

Yes.. The student may **not** go to school.

Parent's Signature _____