

Prior to sending your child to school, please answer the following questions with your child. If you answer yes to any of the questions, please do not send your child to school.

Today or in the past 24 hours, have you or any household members had any of the following symptoms?

- Fever (100.4° Fahrenheit or higher), chills, or shaking chills Yes No
- Cough (not due to other known cause, such as chronic cough) Yes No
- Difficulty breathing or shortness of breath Yes No
- New loss of taste or smell Yes No
- Sore throat Yes No
- Headache when in combination with other symptoms Yes No
- Muscle aches or body aches Yes No
- Nausea, vomiting, or diarrhea Yes No
- Fatigue, when in combination with other symptoms Yes No
- Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms Yes No
- Any other signs of illness? Yes No

In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)? Yes No