

STUDENT DAILY SYMPTOM CHECKER

SYMPTOMS PART 1

Has your child developed ANY 1 of the following symptoms within the past 24 hours?	YES	NO
Fever (100°F or greater) or chills, or have taken medication within the past 24 hours to lower their temperature (Tylenol/Motrin)		
New cough (not due to other known cause, such as a chronic condition)		
Muscle or body aches		
Shortness of breath or trouble breathing		
New loss of taste or smell		
<div style="display: flex; align-items: center;"> <p>If you answered YES to any of the above questions in Part 1: Please keep your child home (notify the school nurse)</p> </div>	<input type="checkbox"/>	
<div style="display: flex; align-items: center;"> <p>Call your school's Absentee line for why your child will be out of school</p> </div>	<input type="checkbox"/>	
<div style="display: flex; align-items: center;"> <p>Contact your school nurse with your child's symptoms</p> </div>	<input type="checkbox"/>	
<div style="display: flex; align-items: center;"> <p>Contact your child's healthcare provider (HCP) for further evaluation</p> </div>	<input type="checkbox"/>	

SYMPTOMS PART 2

Has your child developed ANY 2 of the following symptoms within the past 24 hours?	YES	NO
Sore throat		
Fatigue		
Runny nose or nasal congestion (not due to other known causes, such as allergies)		
Headache		
Nausea (feeling sick to stomach)		
*Vomiting		
*Diarrhea		
<div style="display: flex; align-items: center;"> <p>If you answered YES to any 2 of the above questions in Part 2: Please keep your child home (notify the school nurse)</p> </div>	<input type="checkbox"/>	
<div style="display: flex; align-items: center;"> <p>Call your school's Absentee line for why your child will be out of school</p> </div>	<input type="checkbox"/>	
<div style="display: flex; align-items: center;"> <p>Contact your school nurse with your child's symptoms</p> </div>	<input type="checkbox"/>	
<div style="display: flex; align-items: center;"> <p>Contact your child's healthcare provider (HCP) for further evaluation</p> </div>	<input type="checkbox"/>	

RISK FACTORS

	YES	NO
Has your child been diagnosed with COVID-19 by a healthcare provider in the past 10 days?		
Has your child been identified as a Close Contact?		
Has your child been directed by your local health department to self-quarantine in the past 14 days?		
Does your child have a COVID-19 test pending because of illness or exposure?		
<div style="display: flex; align-items: center;"> <p>If you answered YES to 1 or more questions above, please keep your child home and contact your school nurse. Call your school's Absentee line for why your child will be out of school</p> </div>		

If your child is home with any of the above symptoms, please see this document: [Symptoms](#)

*Please note, vomiting or diarrhea are reasons to keep your child home as they may be signs of another infectious disease process

*Symptom guidelines are based on [CSTE Executive Board Position Statement/CDC Criteria](#)

Adapted from the Daily Symptom Checker New Richmond, WI School System and Lexington Public Schools