

HOLY FAMILY SCHOOL COVID-19 Daily Checklist

INSTRUCTIONS:

- The self-certification form will only be required to be signed once during each quarter; however, parents and guardians of all students are required to screen their student according to this checklist **each day** and take the student's temperature before sending a student to school. By sending a student to school, you certify that you and your child have honestly answered NO to all of the questions below.
- If the student answers NO to all questions, the student may attend school that day.
- If the student answers YES to any of the questions below, the student must not be sent to school.
- After exhibiting symptoms, students are required to provide a physician's note indicating that they are safe to return to school.
- If a student starts feeling sick during school or experiences the symptoms listed below, the student will be sent home immediately.

QUESTIONS	Yes	No
Does the student have a temperature over 99.2 F?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce the student's fever?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had close contact or cared for someone with the COVID-19 within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student returned from travel outside the United States or on a cruise ship or river boat within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been directed to self-quarantine by a health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been directed to self-quarantine by the County or State Department of Public Health?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student experiencing any of the following symptoms? <ul style="list-style-type: none"> • Chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore Throat • Congestion or runny nose • Nausea or vomiting • Diarrhea 	<input type="checkbox"/>	<input type="checkbox"/>

I hereby acknowledge that I have received a copy of this COVID-19 Daily Self Checklist. I understand that I am required to honestly and accurately complete this checklist for my child each day before sending my child to school.

PARENT/GUARDIAN NAME: _____ **DATE:** _____

Student(s) Name(s): _____