

COVID-19 Daily Student Health Screening Checklist



Review this COVID-19 checklist **each day before going to school.** Consider your personal health and if you have any chronic symptoms or are these **NEW SYMPTOMS**.

If you reply **YES** to any of the questions below, **STAY HOME** and follow the steps below:

- Step 1: Call your school's attendance office and report the absence
- Step 2: Contact your teachers for any missing work
- Step 3: Contact your Healthcare provider

If you start to feel sick during your work day, go to the office and call to go home, then follow up with your teachers

Do you have a fever (temperate medications? YES NO	ture over 100.3°F) withou	t having taken any feve	r reducing
New Loss of Smell or Taste? ☐ YES ☐ NO	New Muscle Aches? YES NO	New Sore Throat? YES NO	New Cough? YES NO
New Shortness of Breath? YES NO	New Chills? YES NO	New Headache? YES NO	
Have you experienced any gasappetite?	strointestinal symptoms	such as nausea/vomitin	ng, diarrhea, loss of
Have you, or anyone you have be contact is less than 5 feet for 5-10 YES NO If yes, and you	0 minutes.	-	
Have you been asked to self-isola official in the past 14 days? ☐ YES ☐ NO	ate or quarantine by a me	dical professional or a	local public health

The CDC has helpful information about the symptoms of the CoronaVirus. Click here https://bit.ly/2ZB7K1X or, scan QR Code with your camera phone.

Visit the Imperial County Public Health Department: www.icphd.org
This Daily Health Screening Checklist is an essential part of our COVID19 Recovery Plan

