

TO'HAJIILEE COMMUNITY SCHOOL BOARD OF EDUCATION, INC.

(a non-profit government contractor)

Name _____

COVID-19 Daily Self-Checklist While at School

Review this COVID-19 Daily Self-Checklist.

Monitoring symptoms is another important preventative strategy for COVID-19. If you reply YES to any of the questions below, you must notify your teacher.

- Do you have a fever (temperature over 100.3°F) without having taken any fever - reducing medications? YES or NO
- Do you have a loss of smell or taste? YES or NO
- Do you have a cough? YES or NO
- Do you have muscle aches? YES or NO
- Do you have a sore throat? YES or NO
- Do you have congestion or a runny nose? YES or NO
- Do you have shortness of breath? YES or NO
- Do you have chills? YES or NO
- Have you experienced any new gastrointestinal symptoms such as nausea, vomiting, diarrhea, or loss of appetite in the last few days? YES or NO
- Have you, or anyone you have been in close contact with, been diagnosed with COVID-19 or placed in quarantine for possible exposure to COVID-19 within the last two weeks? YES or NO
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official in the last 48 hours? YES or NO