

Daily Student Health Screening Checklist

Student Name

Date

Grade

Check all symptoms observed today:

- ☐ Fever or chills
- ☐ Cough
- ☐ Shortness of breath
- ☐ Sore throat
- ☐ Nausea or vomiting
- ☐ Loss of taste or smell
- ☐ Other Symptoms

Temperature

Exposure:

- ☐ Close contact with confirmed case
- ☐ No known exposure