

COVID-19 Daily Health Check for School Staff

Name

Date

Email (optional)

Symptoms (check all that apply):

- ☐ Fever or 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

In the past 14 days:

- ☐ Have you had close contact with someone diagnosed with COVID-19?
- ☐ Have you traveled internationally?

☐

I certify the above information is accurate.