

# COVID-19 Daily Self Checklist



Complete this COVID-19 Daily Self Checklist before attending school each day

**If you reply YES to any of the questions below STAY HOME**

What is your temperature today without having taken fever reducing medications? \_\_\_\_\_ °F

Do you have a fever over 100°F? ☐ Yes ☐ No

Loss of Smell or Taste?

☐ Yes

☐ No

Muscle Aches?

☐ Yes

☐ No

Sore Throat?

☐ Yes

☐ No

Cough?

☐ Yes

☐ No

Shortness of Breath?

☐ Yes

☐ No

Chills?

☐ Yes

☐ No

Headache?

☐ Yes

☐ No

Fatigue?

☐ Yes

☐ No

Runny Nose?

☐ Yes

☐ No

Congestion?

☐ Yes

☐ No

Have you experienced any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite?

☐ Yes ☐ No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

☐ Yes ☐ No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

☐ Yes ☐ No

Have you recently returned from domestic or international travel on the CT or CDC Travel Advisory List?

☐ Yes ☐ No