

# COVID-19 DAILY SYMPTOM CHECKLIST

***If you answer “Yes” to any of the below questions, please contact your Supervising Teacher or Supervisor immediately.***

	NO	YES
Is your temperature 100.4 or greater?		
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have:		
● Cough		
● Shortness of Breath		
● Sore Throat		
● Congestion or Runny Nose		
● Muscle or Body Aches (not associated with exercise)		
● Fatigue		
● Headache		
● Chills		
● New Loss of Taste or Smell		
● Nausea or Vomiting		
● Diarrhea		
● Rash, Welts, or Discoloration of the Skin		