

Student Health Cards

Parents: Each morning, please check your child's health and answer the screening questions. If you answer "Yes" to any of Questions 1-3, **you must keep your child home.** If "Yes" to Question 4, please contact the school before sending your child to school.

If you answer "No" to all questions, sign the card and give it to your child, who must show the card to the bus driver and/or school building monitor.

Most common symptoms:

Cough      Shortness of breath or difficulty breathing  
Fever (100.4°F/38°C or above)      Chills      Sore throat  
New loss of taste or smell

Student's name: \_\_\_\_\_

Yes No

1. Within the past 24 hours has your child had a fever (100.4°and above) or used any fever reducing medicine?

2. Does your child feel sick with any of the most common Covid19 symptoms?

3. Has your child been in close contact with a person who has Covid19?

4. Has your child traveled outside of the state in the past 14 days? If yes, contact school.

\_\_\_\_\_  
parent's signature

\_\_\_\_\_  
date

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