

Daily Symptom Checker

Student _____

Teacher _____ Date _____

- My child does NOT have any of the symptoms listed on the back that can't be explained due to allergies or typical personal bodily functions, etc.
- My child has NOT been exposed to anyone suspected of having COVID-19 or is experiencing any of the symptoms listed on the back of this sheet.
- Within the past 14 days my child has not traveled or had direct contact with someone who traveled outside of Humboldt County to an area with moderate to high COVID risk for reasons other than essential work or medical appointments.
- My child does NOT have a temperature greater than 100.4°.

Parent/Guardian Signature

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COVID-19

Symptom List

My child does NOT have any of the symptoms listed below that can't be explained due to allergies, smoke, typical personal bodily functions, etc.

- 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

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