



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 10 days my child has not traveled or had direct contact with someone who traveled outside of California 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

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- 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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