

## SJB Holiday Symptom Screening Checklist

### Adult Reporting for Student

Return on Tuesday after the holiday break to Homeroom Teacher

Name \_\_\_\_\_

Classroom \_\_\_\_\_

Parent Signature \_\_\_\_\_

Have you or your family traveled outside the state or country during the break?

**YES NO** If yes, please list the locations: \_\_\_\_\_

Has your child been in large groups (10 or more including extended family/friends who do not live with you) without proper social distancing or without wearing masks?

**YES NO**

Since your child was last at school, has s/he been diagnosed with Covid-19?

**YES NO**

Has your child had close contact (within 6 feet for at least ten minutes) with someone diagnosed with Covid-19 in the last 14 days, or has any health care providers advised you to quarantine?

**YES NO**

Does your child have any of the symptoms below?

Fever (100.00 or higher)

Headache

Cough

New loss of taste or smell

Shortness of breath or difficulty breathing

Sore throat

Fatigue

Congestion or runny nose

Muscle or body aches

Nausea, vomiting or diarrhea