

## CVSD Student Symptom Verification REV 9/8/20

### ◆ Does your student have any of the following symptoms?

- Fever of 100.4°F or higher (or a sense of having a fever)
- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Cough
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

### ◆ Does anyone in your household have any of the above symptoms?

### ◆ Has your student been in close contact (within 6 feet for 15 minutes) with someone who has confirmed COVID-19 in the last 14 days?

### ◆ Has a public health or medical professional told your child to self-monitor, self-isolate or self-quarantine because of concerns about COVID-19 infection, within the past 14 days?

### ◆ Has your student tested positive for COVID-19 in the past 10 days?

### ◆ Has your student had any medication to reduce a fever before coming to school?

#### Did you answer 'Yes' to any of the above questions?

Yes  No

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

#### School Temperature Check:

No concerns  Recheck  Send home: \_\_\_\_\_

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