



# Student Daily Health Checklist



**Parents and caregivers, please help us protect the health and safety of all students and staff by conducting health screenings for COVID-19 symptoms at home before sending your child into school each day.**

Does the student have:

- Fever (100.0°F or higher)
- Chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Sore throat
- Headache, *when in combination with other symptoms*
- Fatigue, *when in combination with other symptoms*
- Muscle aches or body aches
- Nausea or vomiting or diarrhea
- Nasal congestion or runny nose (not due to other known causes, such as allergies), *when in combination with other symptoms*

*(As more symptoms are updated by the CDC or other public health agencies, please include those symptoms as well.)*

If the student develops any of the above-mentioned symptoms, ensure that he/she 1) isolates immediately 2) avoids contact with others 3) remains at home until the symptoms subside or medically cleared by a health professional and 4) seeks appropriate medical attention.

Has the student had close contact with an individual diagnosed or suspected positive of COVID-19 within the past 14 days? *Close contact means those who have been within 6 feet of distance of the individual for at least 15 minutes, while the person was infectious. The infectious period begins 2 days prior to symptom onset. If someone is asymptomatic, the infectious period is considered to begin 2 days prior to the collection of their positive test.*

Has the student has been asked to self-isolate or quarantine by a doctor or health official?

Has the student recently traveled outside of Massachusetts? *If so, the student may not return to school until they have satisfied the Massachusetts Governor's COVID-19 Travel Order including completing the [Massachusetts Travel Form](#) and either producing a negative COVID test (if required) or quarantining for 14 days upon return to Massachusetts.*

**A PARENT/CAREGIVER MUST CHECK THIS LIST EACH DAY BEFORE SENDING THE STUDENT TO SCHOOL. IF ANY ITEM ABOVE HAS BEEN CHECKED, PLEASE KEEP THE STUDENT HOME AND NOTIFY THE SCHOOL NURSE IMMEDIATELY.**

**Thank you for helping to keep our entire community safe!**

