chatham academy at royce

Daily Checklist for _____

Print Student Name

Date: ____ /_____ / 2020 Student Temperature _____

To be completed by staff

Do you or your child currently have any of the following symptoms:

New / Worsening Cough ___ Shortness of Breath ___ Difficulty Breathing ___ Sore Throat ___ Congestion ___

Constant Runny Nose ___ Nausea ___ Vomiting ___ Diarrhea___ None of These ___

Has your child taken any fever reducing medications in the last 24 hours? Yes ___ No ___

Have you or your child recently been tested for COVID-19? Yes ___ No ___

In the past 10 days have you or your child:

Had close contact with anyone suspected or tested for COVID-19? Yes __ No __

Traveled to countries with travel advisories or affected areas in the US, or been on an airplane or cruise? Yes __ No __

Parent Name:_____

Please Print

Parent Signature:_____

Revised 10/1/2020

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