Name: _____ **School**: _____ **Month**: _____

Instructions: School students and employees must undergo a symptom check prior to coming to school. Please check your symptoms at home, select Y=Yes and N=No and record. If you answer **YES** to any of the below questions, you must stay home. For weekends draw a line through the date. If you have questions please contact your school nurse.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exposure to COVID-19 in the past 10 days?																															
Are you feeling ill?																															
Record Temperature. If 100.4 or higher stay home																															
Cough Short of Breath Difficulty Breathing Chills Fatigue Muscle or Body Ache Congestions/Runny Nose Sore Throat Headache New loss of taste or Smell Nausea or Vomiting/Diarrhea																															

Sample Student Affirmation Provided by Utah State Board of Education

School: _____ Date:_____

Name(s) and grade(s) of students in above named school (if applicable):

Student Name	Grade	Student Name	Grade

It is important that anyone showing any symptoms of COVID-19 not come to the school. This applies to students, parents, school employees, or any visitors.

- ☐ As the parent/guardian I affirm that I will not send my student(s) to school if they exhibit any COVID-19 symptoms, or if my student(s) has been exposed to anyone with COVID-19 within the past 14 days.
- ☐ As the parent/guardian I affirm that I will not come to the school if I exhibit any COVID-19 symptoms, or if I have been exposed to anyone with COVID-19 within the past 14 days.
- ☐ As a school staff member (or school employee) I affirm that I will not come to school if I exhibit any COVID-19 symptoms, or if I have been exposed to anyone with COVID-19 within the past 14 days.

I attest that the answers below are accurate to the best of my knowledge.

Printed Name:_____ Phone Number:_____

Signature:_____

Symptoms of COVID-19:	**Additional Symptoms Sometimes Seen in Children**
Cough (if student has a history of asthma, does cough continue after using an inhaler?	Nausea and/or vomiting (unidentified cause, unrelated to anxiety or eating)
Fever 100.4 or greater	Congestion or runny nose
Shortness of breath or trouble breathing	Chills
Sore throat	Fatigue
Muscle aches and pain	Diarrhea
New loss of taste or smell	

Sample Visitor Attestation Provided by Utah State Board of Education

School: _____ **Date**:_____

Instructions: Please select Y=Yes and N=No and record on the sheet. Please complete and sign below. If you answer **YES** to any of the questions you may not visit the school.

I attest that the answers below are accurate to the best of my knowledge. I confirm that I have not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name of Visitor:_____ **Phone Number:**_____

Signature of Visitor:_____

	No	Yes
Have you been exposed to someone with COVID-19 in the past 14 days?	☐	☐
Do you feel ill?	☐	☐
Do you have:	☐	☐
Cough	☐	☐
Shortness of breath or difficulty breathing?	☐	☐
Chills	☐	☐
Fatigue	☐	☐
Muscle or body aches	☐	☐
Congestion or runny nose	☐	☐
Sore throat	☐	☐
Headache	☐	☐
New loss of taste or smell	☐	☐
Nausea and/or vomiting (unidentified cause, unrelated to anxiety or eating)	☐	☐
Diarrhea	☐	☐
Please record your temperature here: If your temperature is 100.4F or higher, you may not participate.		