

# DAILY SYMPTOM SCREENING CHECKLIST

## Section 1: Symptoms

- FEVER OF 100.4°F OR HIGHER
- SORE THROAT
- NEW UNCONTROLLED COUGH OR DIFFICULTY BREATHING  
*{FOR STUDENTS W/ CHRONIC/ALLERGIC/ASTHMATIC COUGH, A CHANGE IN THEIR COUGH FROM BASELINE}*
- NAUSEA / VOMITING / DIARRHEA
- NEW ONSET OF SEVERE HEADACHE, ESPECIALLY W/ A FEVER
- CONGESTION, RUNNY NOSE  
*(NOT RELATED TO ALLERGIES)*
- FATIGUE, MUSCLE OR BODY ACHES
- LOSS OF TASTE OR SMELL

## Section 2: Exposure

- HAD CLOSE CONTACT WITH A PERSON CONFIRMED W/ COVID-19  
*CLOSE CONTACT = LESS THAN 6 FT. OF AN INFECTED PERSON FOR AT LEAST 15 MINUTES*
- TRAVELED TO OR LIVED IN AN AREA W/ LARGE NUMBERS OF COVID-19 CASES

**If a student is exhibiting any of the symptoms in Section 1 OR has been exposed per Section 2, do NOT send them to school.**

**Please call our Attendance Office  
949.936.7201 to let us know your  
child will be absent.**

