

Weekly Student Symptom Checker

Date: _____

Student Name (Print): _____

Location: OLOL's Convent - Our Lady of Lourdes Religious Ed Class – Milltown NJ

Instructions: Under order of the Public Health Officer, students must undergo a symptom check prior to coming to class or participating in an event. Please check your symptoms at home, sign and bring with you to the check-in for class or event. Please select Y=Yes and N=No and record on the sheet. If you answer **YES** to any of the below questions, under order of the Public Health Officer they must stay home until 14 days after the last exposure or at least 10 days have passed since symptoms first appeared.

Please record student's temperature here_____. If their temperature is more than 100.0 F, they may not participate.	No	Yes
Have they been exposed to someone with COVID-19 in the past 14 days?		
Do they feel ill?		
Circle if they have:		
<ul style="list-style-type: none"> · <u> Cough</u> · <u> Shortness of breath or difficulty breathing</u> · <u> Chills</u> · <u> Fatigue</u> · <u> Muscle or body aches</u> · <u> Congestion or runny nose</u> · <u> Sore throat</u> · <u> Headache</u> · <u> New loss of taste or smell</u> · <u> Nausea</u> · <u> Vomiting (unidentified cause, unrelated to anxiety or eating)</u> · <u> Diarrhea</u> 		

I, _____ the parent of the above named student, attest that the answers above are accurate to the best of my knowledge. I confirm that the above-named student has not been exposed to anyone with COVID-19 in the past 14 days.

Print Name of Parent: _____

Signature of Parent: _____

Date: _____ Parent Phone Number: _____