

Daily Health Questionnaire
 NLCP 21-22

	Student's Name 	Has your child had close contact with person diagnosed Covid-19 without a mask, within 6 feet for more than 15 minutes	Experiencing •Runny nose or congestions •Any Cough • Shortness of breath or difficulty breathing • Chills/ or Repeated shaking with chills •Diarrhea or vomiting • Muscle pain • Headache • Sore throat •Fatigue • New loss of taste or smell	Record of temporal Temperature *without the use of fever-reducing medication	Add Comments Below:
	Answer Yes or No:				

Parent Signature: _____

Date: _____

NOTE: If your child seems ill or feverish upon arrival at school his/her temp will be rechecked and sent home if symptoms and/or fever are evident.

Cut Here to use second sheet.

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