

## **Pre-Arrival Self-Health Check**

Each day, families will be asked to self-certify electronically the questions below for each of their children. Employees will be asked to do the same on their own behalf.

### **My student is experiencing:**

- **yes/no: chills or temperature of 100.4 degrees or higher**
- **yes/no: cough**
- **yes/no: shortness of breath or difficulty breathing**
- **yes/no: fatigue**
- **yes/no: muscle or body aches**
- **yes/no: headache**
- **yes/no: new loss of taste or smell**
- **yes/no: sore throat**
- **yes/no: congestion or runny nose**
- **yes/no: nausea or vomiting**
- **yes/no: diarrhea**
- **yes/no: travel to COVID hotspot within the last 14 days**
- **yes/no: My child have/has been in close contact with someone diagnosed with COVID-19 within the past 14 days. "Close contact" is defined as 15 or more minutes within 6 feet.**