

**Waunakee Community School District
Daily Health Self-Check**

Student First and Last Name: _____

Grade: _____ Teacher: _____

Please complete the Daily Health Self-Check form each day and send with your child to school to give to the person at the door. If you do not send this form daily, your child will be sent to the health office for staff to take a temperature and ask a few questions about your child's health. You need to take your child's temperature each day and record it on the form below.

Record Child's temperature for today: _____

Your child should stay home if:

A. One of these four symptoms is present.

- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Fever \geq than 100.4 degrees

and/or

B. Two or more of the symptoms listed below are new or worse from your child's typical health. Check any current symptoms.

- Congestion or runny nose
- Chills
- Nausea or vomiting
- Diarrhea
- Fatigue
- Muscle or body aches
- Headache
- Sore throat

Contact Attendance if your child:

- Is staying home
- Has tested positive for COVID
- Has been exposed to someone who has tested positive for COVID.

My child has no symptoms

Parent/Guardian Signature

Date

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