



Our Lady of Sorrows Catholic School
Student
COVID-19 SELF MONITORING
CHECKLIST

Student(s) Name(s): _____

Grade Level(s) : _____ **Date:** _____

With the ever-changing nature of COVID-19, there remains the possibility of exposure. As we follow CDC, TCCBED, TEPSAC and Diocesan guidelines for safely opening our schools, we also understand that there is a risk in doing so and can lead to additional exposure to COVID-19. Therefore, we have established guidelines for any faculty, staff member, and students who will be entering our school building. Your child(ren) are allowed to be present in school as long as you are able to honestly answer **NO** to the following questions. However, please remember, if your child(ren) display any of the symptoms below, **PLEASE KEEP THEM HOME**. Please do **NOT** send them to school for their safety and the safety of others.

| <u>SYMPTOMS OF INFECTION</u> | <u>YES</u> | <u>NO</u> |
|--|-------------------|------------------|
| Fever of 100.0 or higher | _____ | _____ |
| Cough | _____ | _____ |
| Headache | _____ | _____ |
| Sore Throat | _____ | _____ |
| Shortness of Breath | _____ | _____ |
| Fatigue | _____ | _____ |
| Loss of taste or smell | _____ | _____ |
| Unexplained body aches | _____ | _____ |
| Had contact with anyone who has been diagnosed with or who may have symptoms associated with COVID-19. | _____ | _____ |

If you answered **Yes to any of the above, then it is not safe for you to send your child(ren) to school.**

Parent Consent:

- ✓ My signature below indicates that I am the parent/guardian responsible for ensuring that my child(ren) have been screened at home prior to drop-off. I have filled out and signed this form in God Faith and my child(ren) are free of any of the above symptoms.

Parent/Guardian Signature: _____

Faculty/Staff Verification Initials: _____