

Saint George's: Daily Symptom Check

Student Name: _____

- YES - I attest that in the past 24 hours, my child has not displayed signs or symptoms of a fever, such as chills, sweats, feeling "feverish" or having an elevated temperature of greater than 100.4° F
- YES - I attest that my child has not experienced any of the following symptoms that are not caused by another known condition: Cough, shortness of breath or chest tightness, sore throat, muscle or body aches, unexplained loss of taste or smell, nausea or vomiting, or diarrhea.
- YES - To the best of my knowledge, in the last 14 days, my child has not come into contact with anyone who has a confirmed COVID-19 diagnosis or COVID-like symptoms.

IF YOU'RE UNABLE TO CHECK ANY ONE OF THE BOXES ABOVE, DO NOT SEND YOUR CHILD TO SCHOOL & REFER TO THE SGS QUARANTINE LETTER AT www.sgs.org/149

Parent Signature: _____ Date: _____

Students who do not present this form when entering the building each day will be unable to attend class until they've been screened by building staff. This may result in delayed arrival to class.