

## **Bethany Community School**

### **COVID-19 Symptoms Daily Self-Checklist**

Due to the ongoing Coronavirus (COVID-19) pandemic, please consider this Symptoms Daily Self-Checklist **BEFORE** sending your child to school each day.

**NOTE:** This checklist is subject to revision as we enter the flu season or as more data becomes available regarding COVID-19.

If you reply **YES** to the questions below **PLEASE KEEP YOUR CHILD HOME AND FOLLOW THE GUIDANCE PROVIDED BY THE SCHOOL DISTRICT.**

| COVID-19 signs & symptoms   | YES | NO |
|---|-----|----|
| Has your child recently come in close contact ( <b>less than 6 ft for more than 15 mins</b> ) with anyone (family, friend etc.) who has been diagnosed with COVID-19 or who is under self-isolation/quarantining? |     |    |
| Has your child recently traveled to an area or state under the CT Travel Advisory?  |     |    |
| <b>Does your child have:</b>  |     |    |
| A fever over 100 degrees Fahrenheit   |     |    |
| Chills  |     |    |
| Uncontrolled new cough  |     |    |
| Difficulty breathing  |     |    |
| Shortness of breath   |     |    |
| Sore throat   |     |    |
| Loss of smell or taste  |     |    |
| Muscle/body aches   |     |    |
| Chills  |     |    |
| Headache  |     |    |
| Fatigue   |     |    |
| Gastrointestinal symptoms (diarrhea, nausea, vomiting)  |     |    |

#### **RECOMMENDATIONS:**

Based on your response, if your child is experiencing symptoms consistent with COVID-19, please **DO NOT** send your child to school and contact Nurse Jennifer Bobok at [jbobok@bethany-ed.or](mailto:jbobok@bethany-ed.or) or 203-640-4778.

If your child tests **POSITIVE** for COVID-19, please assist QVHD and the school in contact tracing efforts.