



St. Joseph School
Covid-19 Daily Assessment



Daily Symptoms Checklist for Parents/Guardians:

Please perform a morning wellness check on your child each and every day before he/she leaves home for school. **If your child is experiencing any of the following symptoms, please keep your child home and call their healthcare provider and notify the school nurse.**

In the past 24 hours, has your child had any of the following symptoms?

If **YES**, please keep your child home. **Call healthcare provider and notify the school nurse.**

- Fever (temperature over 100°F) and/or chills
- Cough
- Sore throat
- Difficulty breathing
- Fatigue
- Headache
- New loss of taste/smell
- Muscle aches
- Nausea and/or vomiting
- Diarrhea
- Nasal congestion or Nasal discharge (runny nose)
- Has your child had Tylenol or Ibuprofen in the past 12 hours for any of the above symptoms?

In addition, please answer the following questions.

If the answer is **YES**, please keep your child home and **notify the school nurse:**

- Have you or anyone in your family received a positive test result for COVID-19 in the past 14 days?
Yes: or No:

- In the past 14 days, has your child been identified as a close contact to an individual diagnosed with COVID-19?
Yes: No:

- Is your child waiting for a test result for COVID-19?

Yes: No:

- Has your child been out of state in the past 14 days?

Yes: No:

*If yes, and your child has been to any state **not** approved by Massachusetts for travel, then he/she must quarantine and /or test. Your child must quarantine for 14 days or, produce proof of a negative test result for COVID-19 The test must be administered no longer than 72 hours before your arrival to Massachusetts. St. Joseph requires a PCR type of test.*

The travel order is revised periodically due to metrics in other states. We ask that parents pay close attention to the specific travel guidance from Massachusetts. Please check the following web site:

<https://www.mass.gov/info-details/travel-information-related-to-covid-19>

It is essential that you complete this wellness check on each of your children, each and every day before school, in order to reduce the risk of COVID-19 spread in our community.

I confirm that I will complete this wellness check on my children each and every morning before they leave home for school.

Student(s) Name(s) and Homeroom(s):

Signature: _____ Date: _____