



Daily Wellness Checklist for Parent/Guardian

PLEASE complete this Wellness Checklist each day prior to sending your child to school to prevent viruses from spreading rapidly.

REMEMBER, We are all in this together!

1. Has my child or members of our household been in contact with anyone who has symptoms and/or has tested positive for COVID-19? Y/N
2. After checking my child's temperature this morning before school, does he or she have a temperature of or greater than 100.4? Y/N
3. Has my child had any of the following signs and/or symptoms in the last 24 hours?
 - a. New Cough or worsening cough Y/N
 - b. New shortness of breath or worsening shortness of breath Y/N
 - c. Chills Y/N
 - d. Sore throat Y/N
 - e. Muscle pain Y/N
 - f. New loss of taste or smell Y/N
 - g. A significant new rash (*particularly when other symptoms are present*) Y/N

If you answered yes to any of the above, please keep your child home, and call the school nurse.

Nurse Judy Aliquippa Elementary-724-857-7500 ext. 2170

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