Waunakee Community School District
Daily Health Self-Check

Student Name:_____
Grade:_____ Teacher:_____

Please complete the Daily Health Self-Check form each day and send with your child to school to give to the person at the door. If you do not send this form daily, your child will be sent to the health office for staff to take a temperature and ask a few questions. Your child should stay home if symptoms are present. If symptoms are checked, your child will be sent to the Health Office for a screening.

Does your child have any of the following symptoms?
Please check all that are present and record temperature.

- ❑ Cough
- ❑ Shortness of breath or difficulty breathing
- ❑ Fever >= than 100.4 degrees - _____
- ❑ Chills or Repeated shaking with chills
- ❑ Muscle pain
- ❑ Headache
- ❑ Sore throat
- ❑ New loss of taste or smell

❑ My child has no symptoms

_____ _____
Parent/Guardian Signature Date

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