



ISD Daily Health Check

Help us keep ISD safe for everybody!

Student Name:

Grade:

Date:

Has your child experienced any of these symptoms in the past 10 days (not related to chronic, known conditions or seasonal allergies)? Please select all that apply.

- ☐ None of these symptoms
- ☐ A cough
- ☐ Shortness of breath or difficulty breathing
- ☐ A fever of 100.4° F (38°C) or higher, or having a sense of having a fever
- ☐ A sore throat
- ☐ Loss of taste or smell
- ☐ Muscle or body aches
- ☐ Nausea/vomiting/diarrhea
- ☐ Congestion/running nose that is not related to seasonal allergies
- ☐ Unusual fatigue

Has your child been within 6 feet of someone who is confirmed positive for 10 minutes or more (aside from healthcare workers wearing proper PPE)?

- ☐ Yes
- ☐ No, not to my knowledge

If you answered "YES" to any of the above symptoms, and they are not related to a pre-existing condition (e.g. allergies), your child should NOT attend school.

Confirmation:

I confirm the above information is true and accurate to the best of my knowledge.



Parent Name:

Parent Signature: