



# Juan Diego Academy

Student  
COVID-19 SELF MONITORING  
CHECKLIST

Student(s) Name(s): \_\_\_\_\_

Grade Level(s): \_\_\_\_\_ Date: \_\_\_\_\_

With the ever-changing nature of COVID-19, there remains the possibility of exposure. As we follow CDC, TCCBED, TEPSAC and Diocesan guidelines for safely opening our schools, we also understand that there is a risk in doing so and can lead to additional exposure to COVID-19. Therefore, we have established guidelines for any faculty, staff member, and students who will be entering our school building. Your child(ren) display any of the symptoms below, **PLEASE KEEP THEM HOME**. Please do NOT send them to school for their safety and the safety of others.

**SYMPTOMS OF INFECTION**

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| Fever of 100.0 or higher   | _____      | _____     |
| Cough  | _____      | _____     |
| Headache   | _____      | _____     |
| Sore Throat  | _____      | _____     |
| Shortness of Breath  | _____      | _____     |
| Fatigue  | _____      | _____     |
| Loss of Taste or Smell   | _____      | _____     |
| Unexplained body aches   | _____      | _____     |
| Had contact with anyone who has been diagnosed with<br>Or who may have symptoms associated with COVID-19 | _____      | _____     |

If you answered Yes to any of the above, then it is not safe for you to send your child(ren) to school.

**Parent Consent:**

- ✓ My signature below indicates that I am the parent/guardian responsible for ensuring that my child(ren) have been screened at home prior to drop-off. I have filled out and signed this form in good faith and my child(ren) are free of any of the above symptoms.

Parent/Guardian Signature: \_\_\_\_\_

Faculty/Staff Verification Initials: \_\_\_\_\_