

# DAILY HEALTH CHECK REMINDER

**Please let the School Director or Manager of Student Support know immediately if you answer “Yes” to any of the following:**

- Q** Are you currently experiencing any of the following COVID-19 symptoms – fever (temperature of 100.4°F or higher), chills, cough, shortness of breath or difficult breathing, fatigue, muscle or body aches, headache, diarrhea, congestion, nausea or vomiting, sore throat, runny nose or new loss of taste/smell that are not caused by another health condition?
- Q** Have you tested positive for OR been diagnosed with COVID-19 in the past 10 days?
- Q** Have you been requested to self-isolate/quarantine by a medical professional or local health department official within the past 10 days?
- Q** Have you had close contact (within six feet for 15 minutes or more) within the past 10 days with anyone who has been diagnosed with COVID-19?
- If yes, are you fully vaccinated or have you tested positive for COVID-19 in the last 90 days?
- Q** Have you had close contact (within six feet for 15 minutes or more) within the past 10 days with anyone who is currently waiting to receive Covid-19 test results?
- If yes, are you fully vaccinated or have you tested positive for COVID-19 in the last 90 days?
- Q** Have you travelled outside of D.C. Virginia and Maryland in the past 10 days?
- If yes, are you fully vaccinated or have you tested positive for COVID-19 in the last 90 days?