

Complete Daily Prior to School/Work*

Employee or Student Name:

Assigned Class/Group:

Temperature:

Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

Are you/is the student experiencing any of the following?

Group A
1 or more symptoms

Fever (100.4 or higher)
Cough
Shortness of breath
Difficulty breathing

Group B
2 or more symptoms

Sore throat
Runny nose/congestion
Chills
New lack of smell or taste
Muscle pain
Nausea or Vomiting
Headache
Diarrhea

Stay home if, you or the student:

- Have one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking fever reducing medication.