



## DAILY STUDENT HEALTH CHECK

Parents are asked to review this daily health checklist by answering these questions before sending their child to school.

**(Parents do not send the questionnaire to school)**

Has your child had close contact with a confirmed case of COVID-19 in the past 14 days?

Yes            No

Does your child have two or more of the following symptoms: fatigue, headache, muscle/body aches, chills, cough, shortness of breath, sore throat, congestion/runny nose, nausea, vomiting, diarrhea, abdominal pain?

Yes            No

Does your child have a fever of 100.4 or higher?

Yes            No

Does your child have a new loss of taste or smell?

Yes            No

Does your child or any household member have a pending COVID-19 Test due to being symptomatic?

Yes            No



If **YES** to any of the questions, **STOP!**

Do not send your child to school.  
Contact your healthcare provider.  
Contact your child's school to inform them of your child's absence.



If you are able to answer **NO** to all questions, go to school.

[ND Department of Health School Attendance Guidance Decision Tree for Parents](#)

**For More Information, Visit ND Department of Health COVID Guidance for Schools:**  
[ND Department of Health Schools Guidance](#)

