COVID-19 Health Check Form

Pearl City School District 200

If NO is selected to all of these questions and your temp is below 100.4 YOU ARE ALLOWED TO GET ON THE SCHOOL BUS AND/OR ENTER THE BUILDING.

If YES is selected to one or more of these questions and your temp is equal to or above 100.4 YOU ARE NOT TO GET ON THE BUS AND/OR ENTER THE BUILDING. You will also need to contact the school office as soon as possible at (815) 443-2715 and contact your child's physician.

Please email or scan your log to bforth@pcwolves.net at the end of each month.

Student Name:				**Month:**			
Mark Yes or No for each column							
Date	**Time**	**Fever, Chills, Cough, and or muscle aches**	**Sore throat, runny nose, and/or loss of taste or smell**	**Nausea, vomiting, and/or diarrhea**	**Shortness of breath and/or headache**	**Close contact or cared for someone with COVID-19**	**Temp greater or equal to 100.4 degrees (write down temp.)**