



Our Lady Star of the Sea School  
PO Box 560, 90 Alexander Lane  
Solomons, MD 20688  
Phone (410) 326-3171

Pastor: Father Ken Gill  
Principal: Mrs. Jennifer Thompson

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## OLSS COVID-SYMPTOM CHECKLIST

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Date: \_\_\_\_\_

Ask Child/Parent if the student or anyone in the household has experienced any of the following and record response:

- Fever: Record Child's Temperature: Morning Temperature \_\_\_\_\_ Time Taken: \_\_\_\_\_  
Mid-Day Temperature \_\_\_\_\_ Time Taken: \_\_\_\_\_  
Evening Temperature \_\_\_\_\_ Time Taken: \_\_\_\_\_
- Cough: Yes \_\_\_ No \_\_\_
- Nasal congestion (stuffy nose) or rhinorrhea (runny nose): Yes \_\_\_ No \_\_\_
- Sore throat (throat scratchy, or hard to swallow?): Yes \_\_\_ No \_\_\_
- Shortness of breath (feels hard to breathe): Yes \_\_\_ No \_\_\_
- Diarrhea: Yes \_\_\_ No \_\_\_
- Nausea (tummy ache) or vomiting: Yes \_\_\_ No \_\_\_
- Fatigue (feeling really tired, don't feel like you can sit up): Yes \_\_\_ No \_\_\_
- Headache: Yes \_\_\_ No \_\_\_
- Muscle or body aches (body hurts everywhere): Yes \_\_\_ No \_\_\_
- Poor feeding or poor appetite (don't feel like eating, makes you feel sick) Yes \_\_\_ No \_\_\_
- New loss of taste or smell (Can you smell? Can you taste when you eat): Yes \_\_\_ No \_\_\_
- Rash: Yes \_\_\_ No \_\_\_

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19? Yes \_\_\_ No \_\_\_

**If answer is Yes, send home immediately, and contact local health department for quarantine and testing instructions.**

**If Child/Parent states yes to Cough/ Shortness of breath, child to be sent home immediately.**

**If Child/Parent states yes to any 2 symptoms above, the child is to be sent home immediately.**

**If Child/Parent states or presents with a fever of 100.4°F or greater, the child is to be sent home immediately.**

Admitted to School \_\_\_\_\_ Sent home \_\_\_\_\_ Date/Time: \_\_\_\_\_

Notes: \_\_\_\_\_