

Gideon Academy
COVID-19 Symptom Checklist Form

This form is to be completed, signed, and turned into staff daily upon arrival.

Please check any symptoms your child has displayed within the last 24 hours: Student Name: _____ Date: _____

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If any of the above have been checked, please keep your child at home and contact the school administrator for further guidance.

My child is free from all of the above symptoms.

Parent/Guardian Signature: _____

To be completed by staff upon arrival

Temperature: _____ Staff Initial: _____

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