



# COVID-19 Checklist For Entry

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this COVID-19 Daily Checklist each day before your student arrives at school.

**Does your student have a fever (temperature over 99.0F) without having taken any fever reducing medications?**

- ☐ Yes  
☐ No

**Loss of Smell?**

- ☐ Yes  
☐ No

**Muscle Aches?**

- ☐ Yes  
☐ No

**Sore Throat?**

- ☐ Yes  
☐ No

**Cough?**

- ☐ Yes  
☐ No

**Shortness of Breath?**

- ☐ Yes  
☐ No

**Chills?**

- ☐ Yes  
☐ No

**Headache?**

- ☐ Yes  
☐ No

**Has your student experienced any gastrointestinal symptoms such as nausea/ vomiting, diarrhea, loss of appetite?**

- ☐ Yes  
☐ No

**Has your student, 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

**Has your student been asked to self-isolate or quarantine by a medical professional or a local public health official?**

- ☐ Yes  
☐ No

For everyone's safety, face masks must be worn (properly) and every effort must be made to maintain a social distance of 6 feet while on any McFarland USD site. Also, we encourage all staff and students to wash their hands/use hand sanitizer frequently, avoid contact with their eyes, nose, mouth, and cover all coughs/sneezes.