

RETURN TO LEARN: DAILY WELLNESS CHECK

WE NEED YOUR HELP!

HIDOE employees, contracted service providers, visitors, and students must complete a wellness check each morning before going to school. Please report any illness or COVID-19 exposure to the school.



1 CHECK FOR SYMPTOMS OF ILLNESS

Do you or your child have any of these symptoms? If yes, **do not go to school.**

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Fever (higher than 100°F or hot to the touch) | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Chills | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Fatigue (tiredness or weakness) | <input type="checkbox"/> Nausea or vomiting (stomach ache) |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Diarrhea |



2 CHECK FOR RECENT COVID-19 EXPOSURE

Do any of the following apply to you or your child? If yes, **do not go to school.**

- Recently tested positive for COVID-19
- Waiting for COVID-19 test results
- Self-quarantining due to possible COVID-19 exposure (e.g. travel quarantine)
- Living with someone with COVID-19
- Been in close contact with someone with COVID-19

HELP US TO KEEP OUR SCHOOLS HEALTHY AND SAFE!