

**Symptom Check**

Date \_\_\_\_\_  
Student Name \_\_\_\_\_  
Temp: \_\_\_\_\_°  
Any current Covid symptoms? \_\_\_\_Yes \_\_\_\_No  
Anyone in household Covid positive?  
\_\_\_\_Yes \_\_\_\_No  
Exposure/Close contact to Covid+ person?  
\_\_\_\_Yes \_\_\_\_No

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