

STUDENT WELLNESS CHECKLIST *revised 10/24/20

Please complete this wellness check with your child EVERY DAY your child is coming to Garrison School. This sheet will be their entrance into the school, it must be completed.

Any questions contact Melissa DeFonce mdefonce@gufs.org or 845-494-1758.

PLEASE DO NOT SEND SICK CHILDREN TO SCHOOL.

- ★ Student's Name _____
- ★ Date _____ Riding the bus today? _____ What color? _____
- ★ Temperature (with thermometer) _____
- ★ Is the student experiencing any of the following this morning, or had these symptoms in the last 14 days?
 - Fever (above 100.0°F)
 - Cough (a new cough or for students with chronic allergic/asthmatic cough a change in their cough from baseline)
 - Nasal congestion or runny nose
 - Sore throat
 - Shortness of breath
 - Diarrhea
 - Nausea or vomiting
 - Loss of taste and/or smell
 - Fatigue
 - Headache
 - Muscle pain
 - Poor eating or poor appetite
 - None of the above
- ★ If your child has any of the above symptoms please keep them home today
- ★ Has your child, or anyone in close contact with your child, tested positive for COVID-19 in the past 14 days? YES _____ NO _____
- ★ Has your child traveled internationally or from any state listed on the [New York State Travel Advisory](#) in the past 14 days?
YES _____ NO _____
- ★ I attest that my child is feeling well this morning and should come to school _____(your signature)

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Signs and symptoms of COVID-19 in children may be similar to those for common viral respiratory infections or other childhood illnesses