


Sequoyah Public School

Daily Health Screening Checklist

Parents/guardians are to conduct the Eagle Pledge Health Screening checklist below on a daily basis. Attendance at school will confirm the parent/guardian/student has answered “no” to all questions. Answering “yes” to any of the questions means the student remains off-site.

	YES	NO
 FEVER My child has a temperature over 100 degrees today.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 SORE THROAT My child has complained of having a sore throat.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 DRY COUGH My child has a persistent cough.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 LOSS OF SMELL OR TASTE My child has complained of a loss of smell or taste.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 SHORTNESS OF BREATH My child finds it hard to breathe or has a shortness of breath.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 DIRECT EXPOSURE TO COVID-19 My child has recently been exposed to a positive COVID-19 case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remember to follow the 3 Eagle Pillars of Protection

*Limit Exposure – Face coverings

*Sanitize

*Physical Distancing – 6 feet

