

Please complete this brief check each morning before school. If you answer "Yes" to any of these questions, please keep your student home from school and report your child's information by calling the school at 941-637-5673. Your student may be able to participate in their classes remotely.

Since your student's last day of school visitation, has he/she had any of the following symptoms that are NOT RELATED to another known health		
condition?	YES	NO
Fever or chills (temperature of 100.4 degrees F or higher)?		
New headache or migraine?		
New or worsening cough?		
New shortness of breath or difficulty breathing?		
New sore throat?		
New runny nose or congestion?		
New muscle or body aches not related to specific physical activity?		
New nausea, vomiting, diarrhea, or abdominal pain?		
New loss of taste or smell?		

HAS YOUR CHILD RECEIVED A POSITIVE TEST RESULT FOR COVID-19 WITHIN THE PAST 14 DAYS?

HAS YOUR CHILD HAD CLOSE CONTACT (WITHIN APPROX 6 FEET FOR 30 MINUTES OR MORE) WITH SOMEONE SUSPECTED OR CONFIRMED OF HAVING COVID-19?