

Name				
Date				
Class				
Temperature				
Close Contact with confirmed or suspected COVID case?				
You have traveled out of state within the last 14 days. If yes, where have you been?				
You are experiencing a cough, shortness of breath, or sore throat?				
You have had a fever in the last 48 hours?				
You have you had a new loss of taste or smell?				
you have had vomiting or diarrhea in the last 24 hours?				

