

# ASSUMPTION PARENTAL ASSURANCE FOR DAILY HEALTH ASSESSMENT CHECKLIST

Has your daughter experienced any of the following  
**NEW** symptoms?

- Fever (100.4 or above)
- Chills
- Uncontrolled cough that causes difficulty breathing
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Severe headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, diarrhea
- or has she been exposed to a COVID-19 case during the prior 48-hour period?



Thank you for taking care of this screening so that everyone in our building is healthy and symptom free!

WE TAKE GOOD CARE OF EACH OTHER.