



# THE PRAIRIE SCHOOL

## DAILY HEALTH TICKET

Completed for every student, every day

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Temperature: \_\_\_\_\_ Time Temperature Taken: \_\_\_\_\_ am

Mark **YES** or **NO** to the child experiencing any of the following symptoms:

| YES | SYMPTOM   | NO |
|-----|---|----|
|     | COUGH   |    |
|     | FEVER/CHILLS                                    |    |
|     | SHORTNESS OF BREATH                             |    |
|     | MUSCLE ACHES                                    |    |
|     | SORE THROAT                                     |    |
|     | NEW LOSS OF TASTE OR SMELL                      |    |
|     | DIARRHEA  |    |
|     | HEADACHE  |    |
|     | FATIGUE   |    |
|     | NAUSEA OR VOMITING                              |    |
|     | Non allergy related<br>CONGESTION OR RUNNY NOSE |    |

I have completed this form in full truth as this minor child's parent/guardian and attesting that the child hasn't had any of the symptoms above, or a fever in the last three (3) days, 72 hours and has not taken fever reducing medication.

Signature of parent/guardian: \_\_\_\_\_



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