



**DAILY SELF- SCREENING HEALTH TICKET**  
 Completed by every adult entering school, every day

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

Temperature: \_\_\_\_\_ Time Temperature Taken: \_\_\_\_\_ am/pm

Mark **YES** or **NO** to experiencing any of the following symptoms that are not explained by allergies or other pre-existing conditions:

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	
	CONGESTION OR RUNNY NOSE	

I have completed this form in full truth and have not had any of the symptoms above that are not explained by allergies or other pre-existing conditions. I have not had a fever in the last 72 hours and have not taken medication in response to a fever. If I had unexplained symptoms and/or a fever I would not be at school.

Signature: \_\_\_\_\_



**DAILY SELF- SCREENING HEALTH TICKET**  
 Completed by every adult entering school, every day

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

Temperature: \_\_\_\_\_ Time Temperature Taken: \_\_\_\_\_ am/pm

Mark **YES** or **NO** to experiencing any of the following symptoms that are not explained by allergies or other pre-existing conditions:

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	
	CONGESTION OR RUNNY NOSE	

I have completed this form in full truth and have not had any of the symptoms above that are not explained by allergies or other pre-existing conditions. I have not had a fever in the last 72 hours and have not taken medication in response to a fever. If I had unexplained symptoms and/or a fever I would not be at school.

Signature: \_\_\_\_\_