DAILY STUDENT COVID-19 SYMPTOM CHECKER
School District of Borough of Morrisville

I affirm and acknowledge that I have reviewed the following questions every morning, prior to my child(ren) reporting to school, and I have answered "**NO**" to each. *Note: If a student arrives at school with or develops symptoms, you will be required to pick them up within the hour*.

In the last 14 days, have you experienced any of the following COVID-19 symptoms, unrelated to a chronic or pre-existing condition you may have (such as seasonal allergies, asthma, etc.)?

- *Fever (100.0 or higher, prior to taking any fever reducing medication)*
- *Diarrhea/Abdominal Pains*
- *Chills*
- *Muscle aches*
- *Cough*
- *Headache*
- *Shortness of Breath or Difficulty Breathing*
- *Runny Nose*
- *Repeated shaking with chills*
- *Fatigue*
- *Sore throat*
- *Congestion*
- *New loss or altered sense of taste of smell*

YES →

NO →

Have you had close contact with (less than six feet apart for longer than fifteen minutes) or been exposed to anyone who was diagnosed with and/or exposed to persons with COVID-19?

YES →

NO →

Are you currently under the direction of a state/local health department order or the order of any medical professional to isolate or quarantine because of a diagnosis of, or exposure to COVID-19?

YES ↑

NO →

Have you recently been tested for COVID-19 and are still awaiting results?

YES ↑

NO ↓

- I **will not** have my child(ren) report to school
- I **will** immediately contact my healthcare provider
- I **will** report my absence to the school stating possible COVID symptoms. Please include: Student's First & Last Name, Grade, Phone Number, Email and Date
    - GV/INT: Email or call building secretary
        - GV: Mrs. Pilla – apilla@mv.org or 215-736-5280
        - INT: Ms. Grabowski – mgrabowski@mv.org or 215-736-5270
    - MS/HS: email mshsattendance@mv.org

- Your child(ren) may report to school
- Wear a face covering, maintain social distancing, and practice good hygiene