



COVID-19 ILLNESS REPORT

Name: _____ Date: _____

Temperature: _____ Time: _____ Reporting Staff: _____

Try Again After 24 Hours Symptom Free



- Fever of 100.4 degrees or higher**
- Wheezing or shortness of breath**
- Hard cough**
- Constant runny nose
- Diarrhea or vomiting
- Redness or runny eyes
- Sore throat or swollen glands
- Undiagnosed rashes
- Persistent itching
- Uncovered sores

**** If person has any of these symptoms in red, they will need clearance from their doctor in order to return.**



Join us- Will Check In Throughout the Day

- Fever free for 24 hours
- Sporadic cough
- Minimal green/yellow runny nose



Okay to Join Us Today!

- Mild infrequent cough
- Clear runny nose
- Active, playful, and rested

Have You...

- Traveled in the last 2 weeks?
 - Outside the County?
 - Outside the State?
 - Internationally?
- Had Potential Contact with COVID-19?

Agencies that help guide us through Covid as well as many other things.