

NORTHAMPTON PUBLIC SCHOOLS
2020-2021 FAMILY AND STUDENT DAILY SELF CHECKLIST

Dear Caregivers,

To help our community and each other, please complete this checklist each day, AT HOME, BEFORE ARRIVING AT SCHOOL or BEFORE BOARDING TRANSPORTATION.

IF you answer YES to ANY of the questions, please STAY HOME and follow these steps:

- Step 1: Call Student Absence line of your child(s) building
- Step 2: ***Please notify your building school nurse***
- Step 3: Follow-up with your primary care provider for COVID19 PCR testing and care
- Step 4: Activate EMS if symptoms are severe as in difficulty breathing, chest pain, quick onset confusion, or loss of consciousness

Have you or your student had ANY of the following:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A fever or temperature over 100.0 within the past 24 hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication <i>to reduce a fever</i> in the past 24 hours? (eg. ibuprofen, acetaminophen)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Chills? |
| <input type="checkbox"/> | <input type="checkbox"/> | Fatigue? |
| <input type="checkbox"/> | <input type="checkbox"/> | Body or muscle aches? |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough (not associated with allergies or asthma?) |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath or difficulty breathing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Congestion or runny nose that is not associated with allergies? |
| <input type="checkbox"/> | <input type="checkbox"/> | Sore throat? |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent loss of taste or smell? |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of appetite? |
| <input type="checkbox"/> | <input type="checkbox"/> | Nausea, vomiting, diarrhea? |
| <input type="checkbox"/> | <input type="checkbox"/> | Since the last time you were at school has a healthcare provider or public health department asked you to self-isolate or quarantine? |
| <input type="checkbox"/> | <input type="checkbox"/> | Since the last time you were at school have you, your student, or a close contact* been diagnosed with COVID-19? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past 14 days have you traveled outside of Massachusetts to any areas other than low risk designated by MA Department of Public Health https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states- |

*** Close contact is defined by the Massachusetts Department of Public Health as:** a) *Being less than 6 feet from a confirmed or clinically diagnosed COVID-19 case for at least 10-15 minutes, while the case was symptomatic or within the 48 hours before symptom onset. Close contact can occur anywhere. Examples include caring for, living with, visiting, or sharing a healthcare waiting area or room with a confirmed or clinically diagnosed COVID-19 case. OR b) Having direct contact with infectious secretions of a confirmed or clinically diagnosed COVID-19 case (e.g., being coughed on) while not wearing personal protective equipment.*

**If you answered YES to any of the questions, please STAY HOME
& follow the instructions at the top.**