

SYMPTOMATIC STUDENT DOCUMENTATION LOG

Students who are exhibiting symptoms of COVID-19 should remain in the isolation room until their parent/guardian picks them up. It is important to document the symptoms and other health information about the symptomatic student while in the isolation room. Contact parent for prompt student pickup.



Student Name:			Date:
Teacher:			Grade:
Parent/Guardian Name:		Parent/Gu	ardian Phone:
Time Parent Called for Pickup:			
School Personnel Assigned to Isolation I	Room:		
Is student currently experiencing ON condition (e.g. asthma, allergies)?	E or more of th	e following symptom	s unrelated to a known pre-existing
O New cough O Shortness of bi	reath C	Difficulty breathing	O New loss of taste or smell
2. Is student currently experiencing TW condition (e.g. asthma, allergies)?	O or more of th	e following symptom	s unrelated to a known pre-existing
O Fever (100.4 degrees or higher)	O Chills (rigors	s)	○ Fatigue
Temp. Result:	O Muscle ach	nes (myalgias)	O Diarrhea (2x in 24 hours)
Time Taken:	O Headache		O Nausea or vomiting (2x in 24 hours)
Initial:	O Sore throat	t	O Congestion or runny nose
Student escorted to parent/guardian at		by	
Parent/quardian provided symptomat	(Time) tic student letter	:	(Name)