

Daily Wellness Survey

Please review each category below. If you mark yes to ANY of them, **stay home**. We must all do our best and work together to create healthy learning environments and to mitigate the spread of illness. Check your symptoms and arrive to campus **ONLY** if you and your family are healthy. This will help prevent the possible interruption of in person classroom instruction time, room closures and isolations periods for staff, children, and families due to illness.

Have you or a family member or someone living in your household been diagnosed with COVID-19 in the last two weeks OR Have you or a family member taken a test and results are pending?	Yes____ No____
Have you or your child or anyone living in your household had close personal contact with anyone who has been diagnosed with a positive COVID-19 test. **Close personal contact is defined as within 6 feet of someone for more than 15 minutes.	Yes____ No____
Are you or your child or anyone living in your household currently experiencing any of the following symptoms or experienced them in the last 72 hours?	Fever of 100 degrees or chills Yes____ No____ Persistent Cough- wet or dry Yes____ No____ Shortness of breath Yes____ No____ Difficulty breathing Yes____ No____ Fatigue or general malaise Yes____ No____ Muscle or body aches Yes____ No____ Headache Yes____ No____ Sore throat Yes____ No____ New loss of taste or sense of smell Yes____ No____ Nausea or vomiting Yes____ No____ Diarrhea Yes____ No____
<h2>WHEN IN DOUBT, WAIT IT OUT</h2>	

Note: This list does not include all possible symptoms. We will update the list as new information is provided by the CDC. If you answer YES to any of the above questions, you may not enter Tempe Montessori School campus. If your child's symptoms are linked to a pre-existing condition such as asthma, allergies, etc. your child may come to school if they have proper documentation from a health care provider explaining the symptoms are not related to COVID-19.