

COVID-19 Symptom List for Pre K-12

Name: _____ Date: _____ Temperature: _____

SYMPTOMS *This form can be filled out by a parent or teen at home

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS?	YES	NO
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		
RUNNY NOSE OR STUFFY NOSE		
FATIGUE		
RECENT LOSS OF TASTE OR SMELL		

DO NOT ENTER THE SCHOOL IF :

You have ONE of the symptoms above, whether or not you're vaccinated, and your symptom cannot be explained as another illness that's been documented by a healthcare provider.

- If you have one (or more) symptom of COVID-19, stay home, isolate from the people you live with, get tested for COVID-19, and call your healthcare provider.

You have been in close contact with anyone with COVID-19, or a symptom of COVID-19 in the past 14 days.

- **Unvaccinated people** must follow testing and quarantine guidance posted at covid.ri.gov/whattodo
- **Vaccinated people** should be tested three to five days after exposure, even if you don't have any symptoms.

YOU MAY ENTER THE SCHOOL IF :

You are fully vaccinated against COVID-19, you do not have symptoms, and you have not been in close contact with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days.

- You're fully vaccinated if you've gotten all recommended doses of a COVID-19 vaccine authorized by the United States (US) Food and Drug Administration (FDA) or World Health Organization (WHO) and more than 14 days have passed since the final dose.

You had been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days and your quarantine or isolation period has ended.

- Learn more about quarantine and isolation at covid.ri.gov/whattodo
- Learn more about testing at covid.ri.gov/testing

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