

### Discovery Club Daily Check List

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Today or in the past 24 hours have you, or anyone in your household members exhibited any of the following symptoms?

- Fever 100 or above Y / N
- Cough Y / N
- Sore throat Y / N
- Difficulty breathing Y / N
- Diarrhea, nausea, vomiting Y / N
- New loss of smell/taste Y / N
- New muscle aches Y / N
- Fatigue Y / N
- Headache Y / N
- Other Symptoms Y / N
- In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus(COVID-19) Y / N

Parent Signature \_\_\_\_\_

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