

CHET HEALTH CHECKLIST

STUDENT NAME: _____

DATE: _____

TEMP: Normal High (100.4 or above)

In the past 5 days:

Have you been fever-free? YES NO

Have you experienced any of the following:
(Check all that apply)

- Fever above 100.4
- Shortness of breath
- Body Aches
- Cough
- Change/Loss of taste or smell

Do you have your personal hand sanitizer?
YES NO

Parent Signature _____

Phone Number _____

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