



CARY ACADEMY

COVID-19 Wellness Self-Check

1. Have you had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

Yes ___ (you are not allowed on campus for 14 days) No ___

2. Do you have a temperature above 100.4 today? (temp must be taken day of visit)

Yes ___ (you are not allowed on campus for 10 days and are fever free without use of medication and feel better for at least 24 hours) No ___

3. Do you have any of these symptoms?

- chills
- sore throat not related to another medical condition (ie allergies),
- new or worsening cough not related to another medical condition,
- shortness of breath not related to another medical condition,
- recent loss of taste or smell

Yes ___ (you are not allowed on campus for 10 days and are fever free without use of medication and feel better for at least 24 hours) No ___

4. Do you have any of these symptoms?

- new onset of vomiting or diarrhea not related to another medical condition,
- congestion or runny nose not related to another medical condition,
- fatigue, muscle, or body aches,
- a rash on skin or discoloration of fingers or toes.

Yes ___ (you are not allowed on campus until you feel better) No ___

5. Have you been diagnosed with COVID-19 in the last 14 days?

Yes ___ (you are not allowed on campus for 10 days) No ___

Name of Student or Visitor: _____ Date: _____

Attestation (parent, employee, self): _____ Signed: _____