Naperville 203
Community Unit School District

Symptom Monitoring Checklist			
Name:		**Date:**	
We are committed to maintaining the health and safety of the staff, students and families within D203 by doing our part to reduce the spread of COVID-19 in our community. Please complete the questionnaire below. Anyone answering yes to one or more of the questions below, we not be allowed to enter a D203 school/building.			
1.	Have you experienced a new or worsening cough or shortness of breath?	Yes	No
2.	Do you have a fever over 100.4° F. ?	Yes	No
3.	Are you experiencing 2 or more of the following symptoms: ● chills, headaches, sore throat, muscle aches, loss of taste or smell, diarrhea, or inflammatory symptoms (bright red rashes, swollen lips, hands, or feet, or red or discolored palms or soles of the feet)?	Yes	No
4.	Have you been exposed to someone who has tested positive or is exhibiting symptoms of COVID-19 in the last 14 days?	Yes	No

Contact Information If you answered no to all of the above questions, please provide contact information below.	
Phone Number:	
Email Address:	