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Student and Staff COVID-19 Daily Self Checklist

If you CHECK any item below, your child/you must STAY HOME, and you must notify the school nurse and principal.

Please check your child/yourself for these symptoms:

- Fever of 100.4 degrees or higher
- Chills or feeling feverish
- New onset or worsening cough
- Shortness of breath or difficulty breathing
- Loss of sense taste or smell
- Sore Throat
- Significant fatigue, muscle or body aches
- New onset of severe headache, especially with fever
- Diarrhea, nausea, vomiting, abdominal pain

If your child has any of these symptoms, they may have an illness that puts them at risk for spreading illness to others.

Has your child had **close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19 in the last 14 days?**

- Yes
- No

Do you have a **household member who has tested positive for COVID-19** or has had **symptoms of COVID-19 in the last 14 days?**

- Yes
- No

Have you **traveled to any Affected States** identified in the State of Connecticut's Travel Advisory <https://portal.ct.gov/coronavirus/travel> **in the past 14 days?**

- Yes
- No

THIS FORM IS FOR AT-HOME USE AND DOES NOT NEED TO BE SUBMITTED TO THE SCHOOL.