

SONSHINE CHRISTIAN ACADEMY

A Ray of Hope for Our Children

Deborah A. Jackson, Founder

Dr. Davina Hicks, Superintendent · Ms. Latasha Howard, Assistant Principal



Weekly Symptom Check List

To ensure the health and safety of our school/work environment, please answer the following questions truthfully, and have this checklist submitted to School Office at the start of each new week of school/work.

Symptom Checker List		Please Circle Your Answers Below	
1	Has anyone in the household been diagnosed with COVID-19 in the last 10 days?	Yes	No
2	In the last 24 hours, has your child had a fever of 101.0° F or higher?	Yes	No
3	Has your child experienced any new cough, shortness of breath, or difficulty breathing?	Yes	No
4	Has your child experienced any new or unexplainable congestion or runny nose?	Yes	No
5	Has your child experienced any new chills or unexplainable muscle pains or aches?	Yes	No
6	Has your child experienced a sore throat or a new loss of taste or smell?	Yes	No
7	Has your child experienced any new nausea and vomiting or diarrhea?	Yes	No

Student/Employee Name Printed: _____

Grade/Title: _____

Week of: _____

I have answered all questions concerning my child to the best of my ability.

Parent/Guardian/Employee Printed Name: _____

Parent/Guardian/Employee Signature: _____