**Appleton Village School - Union #69**

**737 Union Road**

**Appleton, ME 04862**

**(207) 785-4504**

**DAILY HEALTH SELF-CHECK**

**(KEEP THIS FORM AT HOME)**

*o Do I feel unwell today?*

*o Do I have a cough or sore throat?*

*o Do I have a fever or do I feel feverish or do I have chills?*

*o Do I or have I had shortness of breath?*

*o Do or have I had a loss of taste or smell?*

*o Do or have I been around anyone exhibiting these symptoms within the past 14 days?*

*o Do or have I been living with anyone who is sick or quarantined?*

*o Have I been out of state in the last 14 days?*

*o Do I have two or more of the following symptoms: muscle pain, nausea or vomiting, stomach pain, diarrhea, fatigue, headache, rash, swelling or redness of hands/feet, red eyes/eye drainage, congestion/running nose (not related to chronic allergies)?*

**If the answer is YES to any of these, stay home and notify the school by phone or email.**