



COVID-19 Symptom Check

Have you had any of the following symptoms since you have last been to school?

-  New or worsening cough
-  Fever or chills
-  Shortness of breath or difficulty breathing
-  Muscle or body aches
-  Headache
-  New loss of taste or smell
-  Sore throat
-  Congestion or runny nose
-  Vomiting or diarrhea

Have you had close contact with someone diagnosed with COVID-19, or have you had close contact with a person exhibiting symptoms of COVID-19 as described above?

(Close contact = someone you have spent more than 15 minutes with at a distance of less than 6 feet.)

Do you have a fever, or have you taken medications to reduce fever within the past 24 hours?

Have you recently traveled to an area identified by the Cook County Department of Health that would necessitate a 14-day quarantine?