Instituto Thomas Jefferson Campus Querétaro

Part of International Schools Partnership®

## Symptom Checklist

Please answer with “Yes” or “No” if the student has presented any of the symptoms below in the past 24 hrs. and sign in the corresponding space.

| Name of the Student:<br>Year and Group: | | | | |
|---|---|---|---|---|
| Week from _____ to _____ of _____ de 20____ | | | | |
| | Headache | Fever | Cough | Signature |
| Monday | | | | |
| Tuesday | | | | |
| Wed | | | | |
| Thursday | | | | |

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