



Student Health Checklist

Help us keep DPS STS safe for everybody!

An Educational Initiative of



DPS STS SCHOOL
DHAKA

Student Name: _____

GR Number: _____

Grade: _____

Section: _____

Date: _____

Has your child experienced any of these symptoms in the past 10 days (not related to chronic, known conditions or seasonal allergies)? Please select all that apply.

- None of these symptoms
- A cough
- Shortness of breath or difficulty breathing
- A fever of 100.4° F (38°C) or higher, or having a sense of having a fever
- A sore throat
- Loss of taste or smell
- Muscle or body aches
- Nausea/vomiting/diarrhea
- Congestion/running nose that is not related to seasonal allergies
- Unusual fatigue

Has your child been within 6 feet of someone who is confirmed positive for 10 minutes or more (aside from healthcare workers wearing proper PPE)?

- Yes
- No, not to my knowledge

If you answered “YES” to any of the above symptoms, and they are not related to a pre-existing condition (e.g. allergies), your child should NOT attend school.

Confirmation:

I confirm the above information is true and accurate to the best of my knowledge.

Parent Name: Parent Signature: