



Teacher Checklist (COVID-19)

Teacher Name:	Date:
Check if completed	
$\hfill\Box$ Updated class list and daily attendance completed	
☐ Log of sick students sent home	
Who was sent home today?	
Child Name:	_Time:
Reason:	
Child Name:	_Time:
Reason:	
☐ Daily classroom visitor log Who visited your classroom today? Name: Reason:	
Name:	Time Spent:
☐ Daily class excursions log Where did your class go today? Location and details: Location and details:	
□ Teacher close-contact log Did I have close contact with a student outside of less than 2m/6ft away today? Student/Staff Name: Student/Staff Name: Did you observe a student within your class have outside of your class? Student Name: Student Name:	/e close-contact with a student

CK Public Health

435 Grand Ave. W., Chatham ON N7M 5L8 Tel: 519.355.1071 x1900 Email: schoolhealth@chatham-kent.ca www.ckpublichealth.com

Lambton Public Health

160 Exmouth St., Point Edward ON N7T 7Z6 Tel: 519.383.8331 Fax: 519.383.7092 Email: publichealth@county-lambton.on.ca www.LambtonPublicHealth.ca