



COVID-19 Daily Screening for Students

Name: _____ Date: _____

Parents/Guardians: Please complete this short check each morning and report your child’s information per your school’s reporting instructions.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

Column A

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

Column B

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

Students who are sick (e.g. fever, vomiting, diarrhea) should not attend school in-person. If **TWO OR MORE of the fields in **Column A** are checked off OR **AT LEAST ONE** field in **column B** is checked off, please keep your child home and notify the school for further instructions.**

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

<input type="checkbox"/>	Your child has had close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19
<input type="checkbox"/>	Your child has traveled from any U.S. State or territory outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under the DOH travel restrictions

If ANY of the fields in Section 2 are checked off, you should remain home for 14 days from the last date of exposure (if a close contact of a confirmed COVID-19 case) or date of return to New Jersey. Contact your local health department for further guidance.