



## 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 <u>DOH</u> 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.