



## 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
<input type="checkbox"/>	None

#### 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
<input type="checkbox"/>	None

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 **they will require a written physician's clearance prior to returning to school.**

### Section 2: Close Contact/Potential Exposure

 Please verify if:

<input type="checkbox"/>	Your child has had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19
<input type="checkbox"/>	Your child has traveled to an <a href="#">area of high community transmission.</a>
<input type="checkbox"/>	None

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

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Parent/Guardian Signature