



## COVID-19 Daily Screening for Students/Staff/Visitors

Name:	Date:	Time:
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Please double click on box to indicate selection choice:

<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor
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**Parents/Guardians and Staff: IF YOU HAVE NOT COMPLETED THE DAILY ELECTRONIC SYMPTOM TRACKER, YOU MUST COMPLETE THIS FORM** on any day you/your child reports for in-person instruction. You/Your child must bring it in as clearance upon arrival to school.

**Staff/Visitors:** Complete this form & present at main office to show health clearance for entering school.

### Section 1: Vaccinated Individuals

Persons who have been fully vaccinated are not required to quarantine following an exposure to someone with suspected or confirmed COVID-19 if they meet the following criteria:

- Are fully vaccinated (i.e., at least 2 weeks following receipt of the second dose in a 2-dose series, or at least 2 weeks following receipt of one dose of a single-dose vaccine);
- Are within 3 months following receipt of the last dose in the series; and
- Have remained asymptomatic since the current COVID-19 exposure.

As a Staff, Student or Visitor do you meet all of the criteria outlined above? If no, proceed to the next question. If yes, proceed to Section 4.

### Section 2: Individuals Who Tested Positive for COVID-19 with a Viral Test Within 3 Months

Persons who tested positive for COVID-19 with a viral test and have clinically recovered within 3 months of coming into contact with COVID-19 do not have to quarantine when in close contact.

As a Staff, Student or Visitor do you meet all of the criteria outlined above? If no, proceed to the next question. If yes, proceed to Section 4.

### Section 3: Close Contact/Potential Exposure

Please double click on box to indicate selection choice:

Please verify if: <input type="checkbox"/>	You/Your child has had close contact (within 6 feet of an infected person for at least 15 minutes total minutes) with a person suspected or confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19

If **EITHER of the fields in Section 3 are checked off**, you/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). Contact your child's provider or your local health department for further guidance.

### Section 4: Travel

<input type="checkbox"/>	Your child <i>or someone in your household</i> has traveled to/from an area of high community transmission in the last 14 days.
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If **the field in Section 4 is checked off**, you/your child should remain home for 14 days from the date of return/visit to New Jersey and monitor for potential symptoms.

### Section 5: Symptoms

Any of the symptoms below could indicate a COVID-19 infection and may put your child/you 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 yourself/your child daily for these symptoms and report any that are not due to an underlying medical condition:***

Please double click on box to indicate selection choice:

<input type="checkbox"/> Fever	<input type="checkbox"/> Cough
<input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Rigors (shivers)	<input type="checkbox"/> Difficulty Breathing
<input type="checkbox"/> Myalgia (muscle aches)	<input type="checkbox"/> New loss of smell
<input type="checkbox"/> Headache	<input type="checkbox"/> New loss of taste
<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	

If **ONE (or MORE) of the fields are checked off**, for a student, keep your child home and notify the school for further instructions. If you are a staff member or visitor, refrain from entering and notify the school for further instructions.

### Section 6: Symptoms

Any of the symptoms below could indicate a COVID-19 infection and may put your child/you 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 yourself/your child daily for these symptoms and report any that are not due to an underlying medical condition:***

Please double click on box to indicate selection choice:

<input type="checkbox"/> Fever	<input type="checkbox"/> Cough
<input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Rigors (shivers)	<input type="checkbox"/> Difficulty Breathing
<input type="checkbox"/> Myalgia (muscle aches)	<input type="checkbox"/> New loss of smell
<input type="checkbox"/> Headache	<input type="checkbox"/> New loss of taste
<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	

If **ONE (or MORE) of the fields are checked off**, for a student, please keep your child home and notify the school for further instructions. If you are a staff member or visitor, refrain from entering and notify the school for further instructions.

Parent/Staff/Visitor Signature \_\_\_\_\_