COVID-19 Daily Screening for Students/Staff/Visitors

Name:	Date:	Time:

Please double click on box to indicate selection choice:

☐Staff	☐Student	☐Visitor

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: 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:

☐Fever	☐Cough
☐Chills	☐Shortness of Breath
☐Rigors (shivers)	☐Difficulty Breathing
☐Myalgia (muscle aches)	☐New loss of smell
☐Headache	☐New loss of taste
☐Sore Throat	
☐Nausea or Vomiting	
☐Diarrhea	
☐Fatigue	
☐Congestion or runny nose	

If **ONE (or MORE) of the fields are checked off**, 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.

Section 2: Close Contact/Potential Exposure

Please double click on box to indicate selection choice:

Please verify if: ☐	You/Your child has had close contact (within 6 feet of an infected person for at least 10 minutes) with a person suspected or confirmed COVID-19
☐	Someone in your household is diagnosed with COVID-19
☐	Your child *or someone in your household* has traveled to/from an area of high community transmission in the last 14 days.

If **ANY of the fields in Section 2 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) or date of return/visit to New Jersey of the child or the member of the household to whom this pertains.
Contact your child's provider or your local health department for further guidance.

Parent/Staff/Visitor Signature _____