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: Complete this form on each morning your child reports for in-person instruction and report your child's information. Your child must bring it in as clearance upon arrival to school.

Staff/Visitors: Complete this form and 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 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 and report any that are not due to an underlying medical condition:

Please double click on box to indicate selection choice:

Column A	Column B
☐ 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 **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 double click on box to indicate selection choice:

Please verify if: ☐	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
☐	Someone in your household is diagnosed with COVID-19
☐	Your child has traveled to an area of high community transmission.

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.

Parent/Staff/Visitor Signature _____