



COVID-19 Daily Screening for Students/Staff/Visitors

Name:	Date:	Time:
Email:	Phone:	Reason for Visit:
<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> 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.

As a visitor, you are being asked to take this survey to check your readiness to enter into one of our Tenafly School buildings based on your personal assessment of your health and wellness. By completing the survey and submitting your responses, you agree that the information collected can be used by the Tenafly Public Schools to make decisions to provide a safe work/school environment for you and the school's staff members/students. The data will be kept internal to the Tenafly Public Schools, is confidential, and will be used solely to determine if you can enter our schools at this time.

Section 1: Acknowledgement

All individuals reporting to our schools are required to demonstrate health readiness prior to entry by completing this Daily Symptom Tracker. The information collected can be used by the Tenafly Public Schools to make decisions to provide a safe environment for all. The data will be kept internal to the Tenafly Public Schools, is confidential, and will be used solely to determine if you can report to our schools at this time.

I acknowledge the statements above. Note: Entry to our schools is permitted only if the above statements are acknowledged.

Yes _____ No _____

Section 2: Are you experiencing two or more of the following symptoms?

- Fever
- Chills
- Rigors/chills
- Myalgia/muscle aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion
- Runny nose

Yes

No

If Yes and you are experiencing **TWO (or MORE) of the symptoms above**, for a student, keep your child home and notify the school nurse for further instructions. If you are a staff member or visitor, refrain from entering and notify the school for further instructions. If no, proceed to Section 3.



Section 3: Are you experiencing one or more of the following symptoms?

- Cough
- Shortness of breath
- Difficulty breathing
- New olfactory disorder
- New taste disorder

Yes

No

If Yes and you are experiencing **ONE (or MORE) of the symptoms above**, for a student, keep your child home and notify the school nurse for further instructions. If you are a staff member or visitor, refrain from entering and notify the school for further instructions. If no, proceed to Section 4.

Section 4: Has it been 5 days or less since you were placed in COVID Quarantine or began to experience symptoms?

Yes

No

If Yes, for a student, keep your child home and notify the school nurse for further instructions. If you are a staff member or visitor, refrain from entering and notify the school for further instructions. If no, proceed to Section 5.

Section 5: Are you fully vaccinated or fully recovered from COVID within the past 90 days?

Yes

No

If Yes, you are cleared to enter our schools. If no, please proceed to Section 6.



Section 6: COVID Exposure

Have you been exposed to an individual diagnosed with COVID (within 6ft of the affected individual for a cumulative period of 15 or more minutes in a 24-hour period during the period of infectivity, which is within 48 hours of symptom onset)?

Yes

No

If Yes, for a student, keep your child home and notify the school nurse 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 _____

Revised September 2021