

COVID-19 Daily Screening for Students

Name _____ Date _____

Parents/Guardians: Please complete this self-assessment each morning before reporting to the bus stop or school grounds.

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:**

<input type="checkbox"/> Fever	<input type="checkbox"/> Cough
<input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Shivers (repeated shaking with chills)	<input type="checkbox"/> Difficulty Breathing
<input type="checkbox"/> Muscle or body 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"/> Diarrhea
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Congestion or runny nose	

If any of these symptoms are checked off and not otherwise explained, please keep your child home and notify the school nurse for further instructions.

Section 2: Close Contact/Potential Exposure

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. Here are the current [state](#) and [federal](#) travel advisories.

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 your child is a close contact of a confirmed COVID-19 case) or date of return to New Jersey. Please notify the school nurse.

Contact your child's healthcare provider or your local health department for further guidance.