COVID 19 DAILY STUDENT SCREENING FORM 4th Marking Period

Parents/Guardians: Please review this form **daily** before sending your child to school and report your child's information to the school nurse, (Mrs. Denise Jacobus, RN, at diacobus@rockboro.org or 973-625-8602 for Lincoln School, or Mrs. Linda Savercool RN at lsavercool@rockboro.org or 973-625-8603 for Thomas Jefferson School), if any of the symptoms or close contact/exposure fields are checked off

Section 1: Symptoms

guidance.

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:

Column A	<u>Column B</u>
Fever (100.0F or higher)	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 (feeling tired)	
Congestion or runny nose	
	ould not attend school in-person. If <u>TWO OR MORE</u> of the n <u>Column</u> B is checked off, <u>please keep your child home and</u>
Section 2: Close contact/Potential Exposure	
Please verify if in the last 14 days:	
Your child had close contact (within 6 feet of an inference) with a person with COVID-19.	cted person for 15 or more minutes during a 24-hour
Someone in your household is diagnosed with or is has any of the COVID-19 symptoms listed above in Section	peing tested for COVID-19, or someone in your household
Your child has traveled from any U.S. state or territor Delaware, or has traveled out of the country	ory outside of New York, Connecticut, Pennsylvania, and
If any of the fields in this section are checked off, contact y	our child's school nurse, Mrs. Denise Jacobus, RN at

<u>djacobus@rockboro.org</u> or 973-625-8602 for Lincoln School, or Mrs. Linda Savercool RN at <u>lsavercool@rockboro.org</u> or 973-625-8603 for Thomas Jefferson School, for the most current exclusion recommendations before sending your child

to school. Contact your child's healthcare provider or your local health department (973-537-7118) for further