

**COVID-19 Daily Home Screening
STUDENTS**



LINWOOD
PUBLIC SCHOOLS

Student Name: _____

Date: _____

Below you will find a short checklist to use each morning before coming to school. This initial screening form should be returned to your principal with the first day forms. We ask families to screen students at home each morning prior to coming to school. If any of the answers submitted change throughout the school year, please contact your school nurse and your family doctor.

Section 1: Symptoms Any of the symptoms below could indicate a COVID-19 infection and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and individuals with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

Column A

<input type="checkbox"/>	Fever >100.0 degrees (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

Column B

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

Students who are sick (e.g. fever, vomiting, diarrhea) should **not** attend school in-person. 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 stay home and notify your school nurse for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

<input type="checkbox"/>	Your child has had close contact (within 6 feet of an infected person for at least 15 or more minutes during a 24-hour period) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19
<input type="checkbox"/>	Your child has traveled from any U.S. state or territory outside of New York, Connecticut, Pennsylvania and Delaware and is not otherwise exempt from quarantine under the NJDOH travel restrictions

If **ANY of the fields in Section 2 are checked off**, you should:

- Close Contact of Confirmed COVID-19 Case – remain home for 14 days from last date of exposure.
- Travel – remain home for 10 days from date of return to New Jersey.

Contact your school nurse and family doctor for further guidance.

Name _____

Date _____

Parent/Guardian Signature _____

Date _____