

STUDENTS

COVID-19 Daily Screening Form First Day



LINWOOD
PUBLIC SCHOOLS

Please sign the bottom and return this initial form as acknowledgement for use during the year. Below is a screening checklist to use each morning before your child's arrival to school. Parents will be responsible for screening their children at home each morning. This screening form should be completed each day at home. Reminders of this form will be sent to your email address that is on file in our SchoolMessenger system throughout the school year. If your child has symptoms as listed below, please contact your child's main office and school nurse for further information.

Section 1 - Symptoms: Individuals should not attend school when sick. Any of the symptoms listed below could indicate COVID-19 infection and may put you at risk for spreading the illness to others. For school settings, NJDOH recommends that individuals with the following symptoms be promptly isolated from others and excluded from school:

<u>Column A</u> At least two of the following symptoms:	<u>Column B</u> At least one of the following symptoms
<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, <input type="checkbox"/> runny nose	<input type="checkbox"/> cough <input type="checkbox"/> shortness of breath <input type="checkbox"/> difficulty breathing <input type="checkbox"/> new olfactory disorder <input type="checkbox"/> new taste disorder

If **TWO OR MORE** of the fields in **Column A** are checked off,
 OR **AT LEAST ONE** of the fields in **Column B** are checked off,

Please stay home and notify your building principal and school nurse immediately for further instructions.

Section 2 - Close Contact/Potential Exposure: Please verify if in the last 14 days:

<input type="checkbox"/>	You have had close contact (within six feet of an infected person for 15 minutes or more during a 24-hour period) with a person with confirmed COVID-19 and you are unvaccinated.
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19 and you are unvaccinated.

If any of the fields in Section 2 are checked off, please contact your school for exclusion timelines. Also, please contact your healthcare provider or the local health department for further guidance. If you have any questions, please contact the school nurse or main office.

Child's Name

Parent Signature

Date