



49 Brunswick Ave Metuchen, NJ 08840 Phone: 732-321-8770 Fax: 732-452-0571  
 Mrs. Suzy Azevedo Principal  
 Mrs. Neyda Evans Assistant Principal

**COVID-19 Daily Screening for Students**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Parents/Guardians:** Please complete this short check each morning and report your child's information per your school's reporting instructions.

**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:

Column A

<input type="checkbox"/>	Fever (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 keep your child home and notify the school 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 10 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19
<input type="checkbox"/>	Your child has traveled to an <u>area of high community transmission</u> .

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 child is a close contact of a confirmed COVID-19 case) or date of return to New Jersey.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_