

COVID-19 DAILY SCREENING FOR STUDENTS

Parents/Caregivers are strongly encouraged to monitor their child for signs of illness every day as you are the front line for assessing illness. **Students who are sick should not attend school-in-person.** 1st Cerebral Palsy of NJ will strictly enforce exclusion criteria for both students and staff.

Parents/Caregivers: Please review and sign that you will perform this short check each morning before you send your child to school. **Return this signed form with your child on their first day of in-person instruction.** Keep the second page for reference when you perform your daily screen.

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	Column B
<ul style="list-style-type: none"> • Fever (measured or subjective) • Chills • Rigors (shivers) • Myalgia (muscle aches) • Headache • Sore Throat • Nausea or Vomiting • Diarrhea • Fatigue • Congestion or runny nose 	<ul style="list-style-type: none"> • Cough • Shortness of Breath • Difficulty Breathing • New loss of smell • New loss of taste

If **TWO OR MORE** of the symptoms in Column A are positive, **OR AT LEAST ONE** symptom in Column B is positive, please keep your child home and notify the school nurse for further instructions.

I acknowledge that I have reviewed and will follow the Symptom Screening policy.

Name (Print):

Signature:

Date:

Section 2: Close Contact/Potential Exposure

Please verify if:

<ul style="list-style-type: none"> • 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 (Visit https://covid19.nj.gov/ for complete list of areas)
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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.

I acknowledge that I have reviewed and will follow the Close Contact/Potential Exposure Screening policy.

Name (Print):

Signature:

Date:

COVID-19 DAILY SCREENING CHECKLIST FOR STUDENTS

(For Home Use)

Keep at home to use for your daily screening prior to sending your child to school.

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	Column B
<ul style="list-style-type: none"><input type="radio"/> Fever (measured or subjective)<input type="radio"/> Chills<input type="radio"/> Rigors (shivers)<input type="radio"/> Myalgia (muscle aches)<input type="radio"/> Headache<input type="radio"/> Sore Throat<input type="radio"/> Nausea or Vomiting<input type="radio"/> Diarrhea<input type="radio"/> Fatigue<input type="radio"/> Congestion or runny nose	<ul style="list-style-type: none"><input type="radio"/> Cough<input type="radio"/> Shortness of Breath<input type="radio"/> Difficulty Breathing<input type="radio"/> New loss of smell<input type="radio"/> New loss of taste

If TWO OR MORE of the symptoms in Column A are positive, OR AT LEAST ONE symptom in Column B is positive, please keep your child home and notify the school nurse for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if:

<ul style="list-style-type: none"><input type="radio"/> 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="radio"/> Someone in your household is diagnosed with COVID-19<input type="radio"/> Your child has traveled to an area of high community transmission (Visit https://covid19.nj.gov/ for complete list of areas)
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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.