

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**
- Fever (measured or subjective)
  - Chills
  - Rigors (shivers)
  - Myalgia (muscle aches)
  - Headache
  - Sore Throat
  - Nausea or Vomiting
  - Diarrhea
  - Fatigue
  - Congestion or runny nose

- Column B**
- Cough
  - Shortness of Breath
  - Difficulty Breathing
  - New loss of smell
  - New loss of taste

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 NURSE (Michele Siemsen, 201-327-0727, x212).

**Section 2: Close Contact/Potential Exposure**

Please verify if YOUR CHILD or SOMEONE in YOUR HOUSEHOLD

- has had close contact with a person with COVID-19

NEW Close Contact: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

Please verify if YOUR CHILD or SOMEONE in YOUR HOUSEHOLD

- \_\_\_\_\_ is Symptomatic with COVID-19 symptoms
- \_\_\_\_\_ has a PENDING COVID-19 test
- \_\_\_\_\_ is Diagnosed with COVID-19
- \_\_\_\_\_ has Traveled to an [area of high risk](#)

If **ANY** of the fields in **Section 2** are checked off, please keep your child home and contact the School Nurse.

*Additionally, If your child or someone in your household has had close contact with a person with confirmed COVID-19, is diagnosed with COVID-19, or traveled to an area of high risk, then your child should remain home for 14 days from the last date of exposure or date of return to NJ. Contact your child's provider or your local health department for further guidance.*

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