



## COVID-19 SELF-SCREENING CHECKLIST

### **PARENT/STUDENT**

**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.**

**Section A - If TWO OR MORE of the fields in this section are checked off, please keep your child home for at least 10 days.**

- Chills
- Muscle aches
- Headache
- Sore Throat
- Fatigue
- Congestion or runny nose

**Section B - If AT LEAST ONE field in this section is checked off, please keep your child home for at least 10 days.**

- Cough
- Shortness of Breath
- Difficulty Breathing
- New loss of smell
- New loss of taste

**Section C- If you have any of the following, please keep the student home for 72 hours after the resolution of the symptom without medication. However, if any of the below symptoms are in combination with symptoms above, please keep the student home for 10 days.**

- Fever (measured or subjective)
- Nausea or Vomiting
- Diarrhea

### **Close Contact/Potential Exposure**

**If ANY of the fields in the 'Close Contact/Potential Exposure' section are checked off, your child should remain home for 14 days from the last date of exposure (if the 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.**

**Please verify if:**

- Your child has had close contact (within 6 feet of an infected person for at least 15 minutes ***cumulative*** over a 24 hour period) 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/NJ travel ban list.

**\*\*\*\* If your child is sent home by the nurse and must quarantine for the above mentioned time, please know that virtual learning is always an option if your child feels well enough to participate in class.**

**Please contact your child's school nurse with any questions or concerns.**