



COVID 19 Screening Form - Hopatcong Schools

- *By entering any school buildings within the Hopatcong Borough School District you affirm the following: (as a staff member or on behalf of your child(ren) attending school):*

In the last 14 days:

a) You (or the student) have not had any close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with COVID-19.

b) You (or the student) do not have someone in your household that is being tested for or has been diagnosed with COVID-19.

c) You (or the student) did not travel out of the country.

d) You (or the student) do not have any symptoms of illness such as fever, vomiting, or diarrhea.

e) You (or the student) do not have **TWO OR MORE** of the symptoms from **column A**, or **ONE** symptom from **column B**.

Column A	Column B
Fever of 100.4 F (measured or subjective)	Cough
Chills	Shortness of Breath
Rigors (Shivers)	Difficulty Breathing
Myalgia (muscle aches)	New loss of smell
Persistent Headache	New loss of taste
Sore Throat	
Nausea or Vomiting	
Diarrhea	
Fatigue	
Congestion or runny nose	



****If you are unable to attest to the questions on the reverse page please stay home and reach out to the school nurse to obtain further guidance.***

FILL OUT BELOW

1) Your Name (Last Name, First Name)/ Names of your student children (Last Name, First Name) *

2) Your School *

3) Today's Date *

4) Your Signature *