

COVID-19 Daily Screening for Staff

Name _____ Date _____

Staff: Please complete this self-assessment each morning before reporting to school. All staff must wear a face covering upon arrival to campus.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and staff with COVID-19 may experience any, all, or none of these symptoms. **Please check yourself daily for these symptoms:**

<input type="checkbox"/> Fever	<input type="checkbox"/> Cough
<input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Shivers (repeated shaking with chills)	<input type="checkbox"/> Difficulty Breathing
<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> New loss of smell
<input type="checkbox"/> Headache	<input type="checkbox"/> New loss of taste
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Congestion or runny nose	

If any of these symptoms are checked off and not otherwise explained, please stay home and notify the school nurse for further instructions. You do not need to turn in this form.

Section 2: Close Contact/Potential Exposure

Please verify if:

- You have had close contact (within 6 feet of an infected person for at least 10 minutes total within a 24-hour period) with a person with confirmed COVID-19.
- Someone in your household is diagnosed with COVID-19.
- You have traveled to an area of high community transmission. Here are the current [state](#) and [federal](#) travel advisories.

If ANY of the fields in Section 2 are checked off, you should remain home for 14 days from the last date of exposure (if you are a close contact of a confirmed COVID-19 case) or date of return to New Jersey. Please notify the school nurse.

Contact your healthcare provider or your local health department for further guidance.