

**POMPTON LAKES PUBLIC SCHOOLS**  
**237 Van Avenue**  
**Pompton Lakes, NJ 07442**  
**(973) 835-7100**

**COVID-19 Daily Screening for Students/Staff**

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**

**Column B**

<input type="checkbox"/> Feverish (subjective) <input type="checkbox"/> Chills <input type="checkbox"/> Rigors (shivers) <input type="checkbox"/> Myalgia (muscle aches) <input type="checkbox"/> Headache <input type="checkbox"/> Sore Throat <input type="checkbox"/> Nausea/Vomiting** <input type="checkbox"/> Diarrhea** <input type="checkbox"/> Fatigue <input type="checkbox"/> Congestion or runny nose  <i>**Please note that anyone with vomiting or diarrhea should stay home until 24 hours free of vomiting/diarrhea.</i>	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> New loss of smell <input type="checkbox"/> New loss of taste  <i>**Please note that anyone with vomiting or diarrhea should stay home until 24 hours free of vomiting/diarrhea.</i>
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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 for further instructions.

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

Please verify if:

<input type="checkbox"/> 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="checkbox"/> Someone in your household is diagnosed with COVID-19 <input type="checkbox"/> Your child has traveled to an area of high community transmission.
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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 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.