

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

COVID-19 Daily Screening for Students/Staff

2021-2022 School Year

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 15 minutes) with a person with confirmed COVID-19 <input type="checkbox"/> Someone in your household is diagnosed with COVID-19
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If EITHER OF THE FIRST TWO BOXES IN the fields OF Section 2 are checked off, your child should remain home and you should contact your child's school nurse for further instructions.