

# WEST MILFORD PUBLIC SCHOOLS

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## COVID-19 Daily Screening for Students/Staff (2020-2021)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parents/Guardians: Please complete this short check each morning prior to your student arriving at school and/or getting on the school bus. Staff should complete this screening prior to their arrival at work each day.

### 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"/>	Fever ( 100.4 or higher)		<input type="checkbox"/>	Cough
<input type="checkbox"/>	Chills		<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Rigors (shivers)		<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	Myalgia (muscle aches)		<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	Headache		<input type="checkbox"/>	New Loss of Taste
<input type="checkbox"/>	Sore Throat		<b>Special Considerations:</b>	
<input type="checkbox"/>	Nausea or Vomiting			
<input type="checkbox"/>	Diarrhea		<input type="checkbox"/>	<b>Fever (100.4 or higher ONLY)</b> <ul style="list-style-type: none"><li>• Child and/or staff member should stay home until fever free for at least 24 hours without fever reducing medication (i.e. Tylenol).</li></ul>
<input type="checkbox"/>	Fatigue			
<input type="checkbox"/>	Congestion or runny nose			

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 information.

### SECTION 2: Close Contact/Potential Exposure

Please verify if:

<input type="checkbox"/>	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"/>	Travel to an area of high community transmission (i.e. Travel Advisory list)

If ANY of the fields in Section 2 are checked off, you and/or your child should remain home for 14 days from the last date of exposure or date of return to NJ. Contact your medical provider or your local health department for further guidance.

As of 8/25/20 DOH