



Vineland Public Schools

COVID-19 Daily Screening for Students/Staff/Visitors

Name _____

Date _____

Staff/Parents/Guardians: Please complete this short check each morning and report you or your child's information per your school's reporting instructions.

Section 1: Symptoms

Any of these symptoms could indicate a COVID-19 infection in you or your child and may put you or your child at risk for spreading illness. This list does not include all possible COVID-19 symptoms. You or your child may experience any, all, or none of these symptoms. Please check yourself or your child daily for these symptoms:

Column A (See below if 2 or more checked)

Column B (See below if 1 or more checked)

<input type="checkbox"/>	Fever (measured or 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 or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

<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

If **two or more of the fields in Column A** are checked **or at least one field in column B** is checked, staff is asked to stay home, visitors will be denied entry, or parents should keep their child home and notify the school for instructions.

Section 2: Close Contact/Potential Exposure (See below if 1 or more checked)

Please verify if:

<input type="checkbox"/>	You or 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"/>	You or your child has traveled to an <u>area of high community transmission</u> .

If **any of the fields in Section 2** are checked, you or your child should remain home for 14 days from the last date of exposure (if you or your child is in 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.

UPDATE WEEKLY

As of **Tuesday, August 11**, there are currently 33 states and U.S. jurisdictions that meet the criteria stated above:

- Alabama (added 6/24/20)
- Arkansas (added 6/24/20)
- Arizona (added 6/24/20)
- California (added 6/30/20)
- Florida (added 6/24/20)
- Georgia (added 6/30/20)
- Hawaii (added 8/11/20)
- Idaho (added 6/30/20)
- Iowa (added 6/30/20)
- Illinois (added 7/28/20)
- Indiana (added 7/21/20)
- Kansas (added 7/7/20)
- Kentucky (added 7/28/20)
- Louisiana (added 6/30/20)
- Maryland (added 7/21/20)
- Minnesota (re-added 7/28/20)
- Mississippi (added 6/30/20)
- Missouri (added 7/21/20)
- Montana (added 7/21/20)
- Nebraska (added 7/21/20)
- Nevada (added 6/30/20)
- North Carolina (added 6/24/20)
- North Dakota (added 7/21/20)
- Oklahoma (added 7/7/20)
- Puerto Rico (added 7/28/20)
- South Carolina (added 6/24/20)
- South Dakota (added 8/11/20)
- Tennessee (added 6/30/20)
- Texas (added 6/24/20)
- Utah (added 6/24/20)
- Virginia (added 7/21/20)
- Virgin Islands (added 8/11/20)
- Wisconsin (added 7/14/20)

Note: Alaska, New Mexico, Ohio, Rhode Island, and Washington were removed 8/11/20. Delaware and the District of Columbia were removed on 8/4/20.