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:

<table>
<thead>
<tr>
<th>Column A (See below if 2 or more checked)</th>
<th>Column B (See below if 1 or more checked)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (measured or subjective)</td>
<td>Cough</td>
</tr>
<tr>
<td>Chills</td>
<td>Shortness of Breath</td>
</tr>
<tr>
<td>Rigors (shivers)</td>
<td>Difficulty Breathing</td>
</tr>
<tr>
<td>Myalgia (muscle aches)</td>
<td>New loss of smell</td>
</tr>
<tr>
<td>Headache</td>
<td>New loss of taste</td>
</tr>
<tr>
<td>Sore Throat</td>
<td></td>
</tr>
<tr>
<td>Nausea or Vomiting</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>Congestion or runny nose</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone in your household is diagnosed with COVID-19</td>
</tr>
<tr>
<td>You or your child has traveled to an area of high community transmission.</td>
</tr>
</tbody>
</table>

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.
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.