



# MULLICA TOWNSHIP SCHOOL DISTRICT



Mrs. Donna Leshner  
Elementary School Principal

Mr. Andrew Weber  
Superintendent of Schools

Ms. Karen Gfroehrer  
Business Administrator

Mrs. Maris Lynn  
Middle School Principal

*Home of the Coyotes*

Mr. Scott Sarraiocco  
Supervisor of Curriculum & Data

## COVID-19 Daily Screening for Students

**Parents/Guardians:** Please send the completed screening form with your child for each day of in-person instruction. A completed form is required for students to enter school.

### 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

<input type="checkbox"/>	Fever (100.4 or higher)
<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

#### Column B

<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

Students who are sick (e.g. fever, vomiting, diarrhea) should **not** attend school in-person. If **TWO OR MORE of the fields in Column A are checked off OR AT LEAST ONE field in column B is checked off**, keep your child home and contact your child's healthcare provider and/or your local health department for further guidance.

### Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

<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 <a href="#">area of high community transmission</a> .

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 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.

**I have screened my child and they are symptom free.**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_