



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 of 100.4 or higher, vomiting, or diarrhea) should **not** attend in-person school.

* Temperature must be below 100.4 degrees **WITHOUT MEDICATION** to lower it.

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 notify the school.

Section 2: Close Contact/Potential Exposure

Please verify if:

<input type="checkbox"/>	In the last 14 days - Your child has had close contact (within 6 feet of an infected person for 15 or more minutes during a 24 hour period) with a person with confirmed COVID-19
<input type="checkbox"/>	In the last 14 days - Someone in your household is diagnosed with or being tested for COVID-19 or has COVID-19 like symptoms.
<input type="checkbox"/>	In the last 10 days - Your child has traveled from any U.S. state or territory outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under the NJ Travel Restriction Guidelines .

If **ANY** of the fields in **Section 2** are checked off, contact the school for exclusion recommendations. Contact your child's healthcare provider or your local health department for further guidance.

I have screened my child and they are symptom free.

Student Name _____ Date _____

Parent Signature _____