# **Delran Township School District**

## **COVID-19 Daily Screening for Students**

Parents/Guardians: Please review this short check each morning.

## **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:

Always keep your child home if they have a fever. However, 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 contact your physician to determine when your child may safely return to school.

#### Column A (2 Symptoms)

Fever (measured or subjective)
Chills
Rigors (shivers)
Myalgia (muscle aches)
Headache
Sore Throat
Nausea or Vomiting
Diarrhea
Fatigue
Congestion or runny nose

#### Column B (1 Symptom)

Cough
Shortness of Breath
Difficulty Breathing
New loss of smell
New loss of taste

# **Section 2: Close Contact/Potential Exposure**

Please verify if:

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.

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
Someone in your household is diagnosed with COVID-19
Your child has traveled to an area of high community transmission.

Contact your child's provider or your local health department for further guidance.