

Scotch Plains-Fanwood Public Schools
Daily Symptom Screening 2020-2021

Completion of a daily symptom screening form is required of all students. Any of the symptoms below may indicate a COVID-19 infection or other illness and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and that children with COVID-19 may experience any, all, or none of these symptoms. Medications such as Acetaminophen (Tylenol), Ibuprofen (Motrin and Advil) as well as Naproxen (Aleve) should not be used to eliminate these symptoms prior to coming to school.

This information is confidential.

Student Name: _____ Date: _____

Daily Symptom Screening

1. **Has the student had any one (1) or more of the following symptoms in the past 24 hours? If so, they are to stay home and log onto remote learning. If the student is too ill to participate, call the school's attendance line to report the absence. Contact the school nurse as well as your medical provider for further instructions. Medical clearance will be needed to return to school.**

- | | |
|---|--|
| <input type="radio"/> Fever equal to or greater than 100 degrees F. | <input type="radio"/> New loss of taste and/or smell |
| <input type="radio"/> Cough | <input type="radio"/> Diarrhea |
| <input type="radio"/> Shortness of Breath | <input type="radio"/> Vomiting |
| | <input type="radio"/> None of the above |

2. **Has the student had two (2) or more of the following symptoms in the past 24 hours? If so, they are to stay home and log onto remote learning. If the student is too ill to participate, call the school's attendance line to report the absence. Contact the school nurse as well as your medical provider for further instructions. Medical clearance will be needed to return to school.**

- | | |
|---|--|
| <input type="radio"/> Chills/Shivers | <input type="radio"/> Fatigue |
| <input type="radio"/> Muscle Aches (not related to recent physical activity) | <input type="radio"/> Congestion or Runny Nose |
| <input type="radio"/> Headache (not related to chronic migraine) | <input type="radio"/> Runny or Red Eyes |
| <input type="radio"/> Sore Throat | <input type="radio"/> Rash |
| <input type="radio"/> Nausea (not related to chronic migraine or menstrual cycle) | <input type="radio"/> None of the Above |

Illness/Close Contact/Potential Exposure

3. **Please verify the following statements. If any one of the statements, regarding illness, close contact, or possible exposure is checked, remain at home, login to virtual learning, and report the absence. Contact the school nurse as well as your medical provider for further instructions. Medical clearance will be needed to return to school.**

- The student has tested positive for COVID and NOT completed 10 days of isolation.
- The student has been in close contact with a person who has tested positive for COVID within the past 14 days. Close contact is defined as being within 6 feet of an infectious person for 15 minutes over a 24 hour period. The 15 minutes can be continuous or cumulative.
- Someone in your household is diagnosed with COVID-19.
- Student has traveled to an area of high community transmission in the past 14 days that requires quarantine upon return.
- None of the above.

Name of Person Completing Form _____