

# Florham Park Schools

## DAILY SCREENING ASSESSMENT

The Florham Park School District is reminding each family and members of our school community to monitor their child's temperature and health symptoms at home prior to arriving at school or boarding a school bus on a daily basis to check for COVID-19 related symptoms.

\*The guide below by the NJDOH is meant to help with daily checks as related to attending school and should not be used in place of a medical professional. If you believe you or someone in your household has symptoms of COVID-19, you should consult with your primary healthcare provider. If you are in a medical emergency call 911.



### 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 (measured or subjective)
<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**, please keep your child home and notify the school for further instructions.

### 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 15 or more minutes during a 24-hour period) with a person with COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19

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