



# ATLANTIC CITY BOARD OF EDUCATION

1300 ATLANTIC AVENUE  
ATLANTIC CITY, NEW JERSEY 08401

## COVID-19 Daily Screening Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parents/Guardians:** Please complete this screening form **DAILY** before sending your student(s) to school for in-person instruction. In the event that your student(s) meet the criteria below and **SHOULD NOT** come school for in-person instruction, please forward a completed copy of this form to your school nurse. Students that **DO NOT** meet the criteria outlined on this form should come to school for in-person instruction on their assigned day and this screening form **DOES NOT** need to be forwarded to the nurse.

### Section 1: Symptoms

If your child has had any of the following symptoms, that indicate a possible illness. Please check your child for these symptoms and report results below:

#### Column A

- ☐ Fever 100.4 or greater
- ☐ Chills
- ☐ Headache
- ☐ Sore Throat
- ☐ Muscle aches (Myalgia)
- ☐ Shivers (Rigors)
- ☐ Nausea & Vomiting
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Congestion or runny nose

#### Column B

- ☐ Cough
- ☐ Shortness of breath
- ☐ Difficulty breathing
- ☐ New loss of smell
- ☐ 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 nurse for further instructions.

### Section 2: Close Contact/Potential Exposure

Please verify, in the last 14 days”

- ☐ Your child has had a close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour time period) with a person with confirmed COVID-19 infection.
- ☐ Someone in your household is diagnosed with COVID-19
- ☐ Your child has traveled to an area of high community transmission

*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.**