Bernards Township School District

**COVID-19 Daily Screening for Visitors/Extracurricular**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Please complete this questionnaire **prior** to entering a Bernards Township School District building. Please have your temperature measured and submit this form to a building administrator/administrative assistant to gain access.

**Section 1:** **Symptoms Your Temperature: \_\_\_\_\_\_**

Any of the symptoms below could indicate a COVID-19 infection and may put others at risk. Please note that this list does not include all possible symptoms and people with COVID-19 may experience any, all, or none of these symptoms.

**Column A**  **Column B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ⬜ | Fever (measured or subjective) |  | ⬜ | Cough |
| ⬜ | Chills |  | ⬜ | Shortness of Breath |
| ⬜ | Rigors |  | ⬜ | Difficulty Breathing |
| ⬜ | Muscle Aches |  | ⬜ | New Loss of Smell |
| ⬜ | Headache |  | ⬜ | New Loss of Taste |
| ⬜ | Sore Throat |  |  |  |
| ⬜ | Nausea or Vomiting |  |  |  |
| ⬜ | Diarrhea |  |  |  |
| ⬜ | Fatigue |  |  |  |
| ⬜ | Congestion or Runny Nose |  |  |  |

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 if during the past 14 days:

|  |  |
| --- | --- |
| ⬜ | You have 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 has been diagnosed with COVID-19 |
| ⬜ | You have traveled to an area of high community transmission. [NJ Travel Advisory List](https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey) [CDC Travel Notices](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html) |

If **ANY** of the fields in Section 2 are checked off, you may NOT enter the building. You should remain home for 14 days from the last date of exposure or date of return to New Jersey