

Daily Home Health Checklist/Screening & Attestation

Section 1: Symptoms

As per the New Jersey Department of Health, 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 those with COVID-19 may experience any, all, or none of these symptoms.

Parents/Guardians should be monitoring their child on a **daily** basis for any evidence of illness/exposure as outlined below. For those with chronic illness only new symptoms or symptoms worse than baseline should be considered for the exclusion criteria.

If your child exhibits the symptoms below (regardless of vaccination status and post COVID-19 illness within the last 90 days), they should remain home and contact the school nurse.

List A (2 symptoms)

- chills
- rigors (shivers)
- myalgia (muscle aches)
- headache
- sore throat
- rash
- fatigue
- congestion or runny nose
- runny/red eyes

List B (1 symptom)

- fever (100.0 or higher)
- cough
- shortness of breath
- difficulty breathing
- new loss of taste or smell
- nausea/ vomiting
- diarrhea
- tested positive for COVID-19 within the past 10 days

If **TWO OR MORE symptoms in list A** are exhibited OR **AT LEAST ONE symptom in list B** is exhibited, **keep your child home, call the attendance line and notify the school nurse for further instructions.**

Section 2: Close Contact/Potential Exposure

Fully vaccinated individuals and those that have recovered from COVID-19 (within the past 90 days) are **EXEMPT** from the following scenarios. To be considered fully vaccinated you must be more than 2 weeks following your final dose of either a 2 shot series (Pfizer/Moderna) or a 1 shot series (J&J). Your child's vaccination record and or proof of COVID-19 illness must be on file with the nurse.

Do **any** of the additional criteria below pertain to your child? **If so, DO NOT send your child to school and contact the school nurse for further instruction.**

- My child has been a close contact of someone who has symptoms associated with COVID-19 (close contact is defined as being within 6 feet of an infected individual for a period of 15 minutes or more in a 24 hour period)
- My child has been advised to isolate or self-quarantine by a government agency, physician, or school official.
- My child has traveled internationally in the past 10 days.
- Someone in our household is awaiting COVID-19 test results, due to illness, or has tested positive.

Parents/guardians are required to attest that they agree to perform the daily health screenings.

I have read all the information above and understand my responsibilities.

Parent/Guardian Signature: _____

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