

Daily COVID Screening Pass

Each day before boarding the bus or drop off at school, please complete and sign this questionnaire. Your child will not be allowed on the bus or in the building without this fully completed and signed questionnaire. Sending your child to school with a temp over 100.4 or with any of these symptoms will be putting both students and staff at a higher risk.

Student _____ Campus / Homeroom _____ Date _____

Did you take your child's temperature before leaving the house? Yes No Temp before leaving the house _____

Does your child have any of these symptoms. Circle Yes or No

Fever	Y N	New Cough	Y N	Has your child had close contact and/or exposure to anyone with a confirmed COVID-19? Yes or No
Chills	Y N	Shortness of Breath	Y N	
Muscle Pain	Y N	Difficulty Breathing	Y N	Is someone in your house diagnosed with COVID-19? Yes or No
Headache	Y N	Loss of Taste	Y N	
Sore Throat	Y N	Loss of Smell	Y N	Have you traveled outside of NJ? Yes or No
Diarrhea or Vomiting	Y N	* 1 symptom, child cannot attend school		
Fatigue	Y N			
Congestion / Runny Nose	Y N			
* 2 or more symptoms, child cannot attend school				

If any of the above symptoms indicate a possible illness and/or a temperature above 100.4, your child is not permitted to attend school for the day.

Parent/Guardian Signature _____ Name Printed _____

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