

Middletown Township Public Schools
834 Leonardville Road, 2nd Fl. Leonardo, NJ 07737
732) 671-3850 Fax (732) 291-2361 middletownk12.org

COVID-19 Daily Screening for Student/Staff/Visitor

Name _____ Date _____ Temperature _____

Please complete this short check each morning and report your information per your school's reporting instructions.

Section 1: Symptoms Any of the symptoms below could indicate a COVID-19 infection and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and individuals with COVID-19 may experience any, all, or none of these symptoms. Please check yourself daily for these symptoms:

Column A

Column B

<ul style="list-style-type: none"><input type="checkbox"/> Feverish (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/Vomiting**<input type="checkbox"/> Diarrhea**<input type="checkbox"/> Fatigue<input type="checkbox"/> Congestion or runny nose <p><i>**Please note that anyone with vomiting or diarrhea should stay home until 24 hours free of vomiting/diarrhea.</i></p>	<ul style="list-style-type: none"><input type="checkbox"/> Fever<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 <p><i>**Please note that anyone with vomiting or diarrhea should stay home until 24 hours free of vomiting/diarrhea.</i></p>
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If the individual has experienced **TWO OR MORE of the symptoms in Column A OR AT LEAST ONE symptom in column B within the past 24 hours**, the individual should stay home and notify the school for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if:

<ul style="list-style-type: none"><input type="checkbox"/> You have had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19<input type="checkbox"/> Someone in your household is diagnosed with COVID-19<input type="checkbox"/> Within the past 2 weeks have you traveled to an area of high community transmission and spent more than 24 hours there
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If **ANY of the fields in Section 2 are checked off**, you should remain home for 14 days from the last date of exposure (if you are a close contact of a confirmed COVID-19 case) or date of return to New Jersey. Contact your provider or your local health department for further guidance.