

WOODLAND PARK SCHOOLS
Special Services Department
853 McBride Avenue
Woodland Park, NJ 07424
HEALTH SCREENING FORM

Student Name _____ Date _____

Parents/Guardians: Please complete this short check each morning and report your child's information per your school's reporting instructions.

Section 1: Symptoms

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 children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

Column A	Column B
<input type="checkbox"/> Chills	<input type="checkbox"/> Fever
<input type="checkbox"/> Rigors (shivers)	<input type="checkbox"/> Cough
<input type="checkbox"/> Myalgia (muscle aches)	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Headache	<input type="checkbox"/> Difficulty Breathing
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Nausea or Vomiting	<input type="checkbox"/> New loss of smell
<input type="checkbox"/> Fatigue	<input type="checkbox"/> New loss of taste
<input type="checkbox"/> Congestion or runny nose	

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 for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14days:

<input type="checkbox"/> Your child has had close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with COVID-19
<input type="checkbox"/> Someone in your household is diagnosed with or being tested for COVID-19
<input type="checkbox"/> Your child has traveled from any U.S. state or territory outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under the DOH travel restrictions.

If ANY of the fields in Section 2 are checked off, contact your school for exclusion recommendations. Contact your child's healthcare provider or your local health department for further guidance.

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*I UNDERSTAND THAT BY INITIALING THIS CALENDAR EACH DAY MY CHILD ATTENDS SCHOOL, I AM ATTESTING TO THE FACT THAT MY CHILD HAS NOT EXPERIENCED ANY OF THE SYMPTOMS IN SECTION 1 ABOVE IN THE LAST 24 HOURS **AND** HAS NOT HAD CLOSE CONTACT OR POTENTIAL EXPOSURE TO THE VIRUS AS STATED IN SECTION 2.*

PARENT SIGNATURE: _____ DATE: _____

Child's name _____

Grade: _____

APRIL

26	27	28	29	30
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May

3	4	5	6	7
10	11	12	13 CLOSED	14
17	18	19	20	21
24	25	26	27	28
31 CLOSED				

June

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24 Projected Last Day for Students	Enjoy your summer!