

WOODLAND PARK SCHOOLS

Special Services Department

853 McBride Avenue

Woodland Park, NJ 07424

HEALTH SCREENING FORM

Parent/Guardian:

Please complete this short health check each morning. Your initials under the date in the calendar on the reverse side indicate your child is free of symptoms (section 1) and has not had close contact/potential exposure to Covid (section 2). THIS MUST BE COMPLETED DAILY FOR ADMISSION INTO THE BUILDING.

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 check your child daily for these symptoms:

Column A

- Chills
- Rigor/shiver
- Muscle Ache
- Headache
- Sore Throat
- Nausea
- Fatigue
- Congestion/Runny

Column B

- New loss of smell
- Difficulty Breathing
- New loss of taste
- Cough
- Shortness of Breath
- Diarrhea
- Vomiting
- Fever

Students who are sick (ex. Fever, diarrhea, vomiting) 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 14 days:

- Your child has had close contact (within 6 feet for at least 10 minutes) with a person with confirmed COVID-19
- Someone in your household is diagnosed with COVID-19
- Your child has traveled to an area of high community transmission.

If ANY of the fields in Section 2 are checked off, you child should remain home for 14 days from the last date of exposure (if close contact or confirmed case) or date of return to NJ

Contact your child's healthcare provider or local health department for further guidance

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: \_\_\_\_\_

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**HEALTH SCREENING FORM**

Child Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**November 2020**

2	3 REMOTE DAY ALL STUDENTS	4	5 SCHOOL CLOSED	6 SCHOOL CLOSED
9	10	11	12	13
16	17	18	19	20
23	24	25	26 SCHOOL CLOSED	27 SCHOOL CLOSED
30				

**December 2020**

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24 School Closed	25 School Closed

**January 2021**

4	5	6	7	8
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