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ARCHBISHOP DAMIANO SCHOOL

Making a difference in the lives of our students

Archbishop Damiano School

COVID-19 Initial Screening for Students

Name _____ Date _____

Parents/Guardians: Please complete this form and return to the school by September 1, 2020.

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 if your child has had any of these symptoms within the last 14 days.

Column A

☐	Fever (measured or subjective)
☐	Chills
☐	Rigors (shivers)
☐	Myalgia (muscle aches)
☐	Headache
☐	Sore Throat
☐	Nausea or Vomiting
☐	Diarrhea
☐	Fatigue
☐	Congestion or runny nose

Column B

☐	Cough
☐	Shortness of Breath
☐	Difficulty Breathing
☐	New loss of smell
☐	New loss of taste

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:

☐	Your child has had close contact (within 6 feet of an infected person 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**, your child should remain home for 14 days from the last date of exposure (if child is a close contact of a confirmed COVID-19 case) or date of return to New Jersey.

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

If you have any questions, please call the school nurses. Nursing Offices: (856) 848-4700 extensions 1180, 1154 and 1147

Student Name (Printed):_____Date:_____

Parent Signature:_____

Phone Number:_____

Reference:
https://www.state.nj.us/health/cd/documents/topics/NCOV/RecommendationsForLocalHealthDepts_K12Schools.pdf