

# WEST MILFORD PUBLIC SCHOOLS

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## COVID-19 Daily Screening for Students/Staff 2021-2022 School Year

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

Date: \_\_\_\_\_

**Parents/Guardians/School Personnel: Please complete this short check each morning prior to arriving at any of our schools and/or getting on the school bus. Staff should complete this screening prior to their arrival at work each day.**

### COVID-19 Compatible Symptoms

Any of the symptoms below could indicate a COVID-19 infection and may put the individual 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"/>	Fever ( 100.4 or higher)		<input type="checkbox"/>	Cough
<input type="checkbox"/>	Chills		<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Rigors (shivers)		<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	Myalgia (muscle aches)		<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	Headache		<input type="checkbox"/>	New Loss of Taste
<input type="checkbox"/>	Sore Throat		<b>Special Considerations:</b>	
<input type="checkbox"/>	Nausea or Vomiting			
<input type="checkbox"/>	Diarrhea		<input type="checkbox"/>	Fever (100.4 or higher ONLY) • Child and/or staff member should stay home until fever free for at least 24 hours without fever reducing medication (i.e. Tylenol).
<input type="checkbox"/>	Fatigue			
<input type="checkbox"/>	Congestion or runny nose			

**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 information.**

**For students with chronic illness, only new symptoms or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.**