

Paulsboro Public Schools

Daily Home Screening for Students

2020-2021

Parents must complete this short check each morning for every student in the house prior to leaving for school. If your child exhibits any of the criteria on the form, please keep your child home and call the school attendance phone number. The school nurse will contact you with further instructions. Your child's presence in school indicates screening results were negative.

Please check your child for these symptoms:

The following symptoms may indicate a possible illness that may decrease the child's ability to learn and put them at risk for spreading illness to others. If you answer "yes" to any of these questions, please call the school attendance phone number or school nurse for further guidance. The school nurse will discuss the symptoms with you to determine if they are related to a pre-existing medical condition.

Does your child have:

- Fever greater than or equal to 100.4°
- Cough
- Shortness of breath or difficulty breathing
- Headache
- Fatigue
- Muscle Aches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea and/or vomiting
- Diarrhea

Has your child had:

- Close contact (within 6 feet of an infected person for at least 15 minutes) with a person who tested positive for COVID-19?
- Close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to Covid-19?
- Have you traveled outside of New Jersey?