

## MONROE TOWNSHIP SCHOOLS

## 423 Buckelew Avenue Monroe Township, New Jersey 08831 www.monroe.k12.nj.us

## Daily COVID-19 PRE-SCREENING QUESTIONNAIRE for Staff

**Staff:** Please complete this short check each morning and report any symptoms or contact/exposure to the school nurse.

## **Section 1: Symptoms**

Any of the symptoms below could indicate a COVID-19 infection in persons and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and persons with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

| Column A   | A.   | Column B            |                            |                  |
|------------|--|---------------------|----------------------------|------------------|
|            | Fever (measured or subjective)   |                     | Cough                      |                  |
|            | Chills   |                     | Shortness of Breath        |                  |
|            | Rigors (shivers)   |                     | Difficulty Breathing       |                  |
|            | Myalgia (muscle aches)   |                     | New loss of smell          |                  |
|            | Sore Throat  |                     | New loss of taste          |                  |
|            | Nausea or Vomiting   |                     |                            |                  |
|            | Diarrhea   |                     |                            |                  |
|            | Fatigue  |                     |                            |                  |
|            | Congestion or runny nose   |                     |                            |                  |
|            | Headache   |                     |                            |                  |
| the school | Column A are checked off OR AT LEAST ON ol for further instructions.  2: Close Contact/Potential Exposure erify if in the last 14 days:      | E TIEIA IN COIUMN B | is cnecked oπ, please stay | , nome and notir |
|            | You have 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. |                     |                            |                  |
|            | Someone in your household is diagnosed with or being tested for COVID-19.  |                     |                            |                  |
|            | You have traveled to any U.S. state or   | country outside of  | New Jersey, New            |                  |
|            | York, Connecticut, Pennsylvania, and Do  | elaware and is not  | otherwise exempt           |                  |
|            | from quarantine under the <u>link.</u>   |                     |                            |                  |

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.