

Fairfield Public Schools Daily COVID-19 Screener

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. If anything in this section is checked off, please keep your child home and notify the school nurse for further instructions

Please check your child daily for these symptoms.

Section A – If anything in this Section is checked off, please keep your child home and notify the school nurse for further instructions.

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

Section B – If anything in this Section is checked off, please keep your child home and notify your doctor and the school nurse for further instructions.

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

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Close Contact/Potential Exposure

If ANY of the list below in the 'Close Contact/Potential Exposure' are noted, you should remain home for 14 days from the last date of exposure (if you are a close contact of a confirmed COVID-19 case) or date of return to New Jersey. Contact your provider or your local health department for further guidance.

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.

Verification

Sign and date below to verify that all information on this form is correct to the best of your knowledge.

Student Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____