

**COVID-19 Student Screening Form  
For Full-Time Virtual Students  
ITC Office / Technology Related Visits**

**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 your child daily for these symptoms.

Section A - If TWO OR MORE of the fields in this Section are checked, please keep your child home and notify the school for further instructions.

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

Section B - If AT LEAST ONE field in this Section is checked, please keep your child home and notify the school for further instructions.

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

**Close Contact / Potential Exposure**

If ANY of the fields in the 'Close Contact/Potential Exposure' section are checked below, 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 provider or your local health department for further guidance.

- ☐ Your child was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\* starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to test specimen collection) until the time the person is isolated.
- ☐ Someone in your household is diagnosed with COVID-19
- ☐ Your child has traveled to an area of high community transmission.

\_\_\_\_\_  
Student Name

\_\_\_\_\_

Parent Signature

Date