



Lenape Regional High School District

COVID-19 Daily Screening for Students/Staff

Parents/Guardians/Staff: Please review this short checklist each morning.

Section 1: Symptoms

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

Always stay home if you have a fever. However, 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 stay home for 10 days and notify the school nurse. Unless COVID-19 positive, vaccinated individuals may return to school once symptoms resolve.

Column A (2 Symptoms)

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

Column B (1 Symptom)

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

Section 2: Close Contact/Potential Exposure

Please verify:

Unless vaccinated: If ANY of the fields in Section 2 are checked off, the student/staff member must remain home and contact your school nurse for further guidance.

<input type="checkbox"/>	Student/Staff member has had close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19