PRINCETON PUBLIC SCHOOLS

COVID-19 Daily Screening for Visitors

Name _____ Date _____

Please complete this short check and report your information.

Section 1: Symptoms

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

Column A

☐	Chills and Shivers
☐	Muscle aches
☐	Headache
☐	Sore Throat
☐	Nausea or Vomiting
☐	Diarrhea – one episode
☐	Fatigue
☐	Congestion or runny nose

Column B

☐	Cough
☐	Shortness of Breath
☐	Difficulty Breathing
☐	New loss of smell
☐	New loss of taste
☐	Fever
☐	Diarrhea – more than one episode

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 do not enter PPS buildings and contact your health provider.

☐ **NO symptoms** are present

Section 2: Close Contact/Potential Exposure – if you check any of the below you cannot enter the building.

Please verify if:

☐	You have 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
☐	You have traveled to an area of high community transmission.
☐	You are awaiting the results of a test for you or someone in your household due to COVID-19 like symptoms. This does not apply to routine testing required by a workplace or prior to a medical procedure.

If **ANY of the fields in Section 2 are checked off**, 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 healthcare provider or your local health department for further guidance.