

PRINCETON PUBLIC SCHOOLS

COVID-19 Daily Screening for Staff

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 that is different from your usual baseline or not attributable to a chronic medical condition:

Column A

<input type="checkbox"/>	Chills and Shivers
<input type="checkbox"/>	Muscle aches
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea – one episode
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

Column B

<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
<input type="checkbox"/>	Fever
<input type="checkbox"/>	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:

<input type="checkbox"/>	You are not vaccinated and have had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19
<input type="checkbox"/>	You are awaiting the results of a test for you or someone in your household due to COVID-19
<input type="checkbox"/>	You are not vaccinated and have traveled outside of the tri-state area , you must quarantine for 10 days or 7 days with a negative COVID test provided to the school nurse. Please see the NJ Dept. of Health website for travel restrictions.
<input type="checkbox"/>	You have received a COVID vaccine in the last 48 hours.

If **ANY** of the **first 3** fields in **Section 2** are checked off, you must remain home for 10 days from the last date of exposure. Contact your healthcare provider or your local health department for further guidance.