



WATCHUNG BOROUGH SCHOOL DISTRICT

GEORGE P. ALEXIS
SUPERINTENDENT

RICHARD PEPE
BUSINESS ADMINISTRATOR

NICOLE DITOTA
DIRECTOR OF SPECIAL SERVICES

Please complete this short check each morning and bring it to the school you report to.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection and may put you 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 yourself daily for these symptoms.

***Group A:** Check here if you are experiencing **none** of these symptoms

If you are experiencing any of these symptoms, check all that apply:

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

***Group B:** Check here if you are experiencing **none** of these symptoms

If you are experiencing any of these symptoms, check all that apply:

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

If TWO OR MORE of the fields in Group A are checked off OR AT LEAST ONE field in Group B is checked off, please stay home and notify the District for further instructions.

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Section 2: Close Contact/Potential Exposure

Check here if **none** of the below apply.

If any of these situations apply to you, check all that apply:

- 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. Please visit the following site for details: <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey>

If ANY of the fields in Section 2 are checked off, you should remain home for 14 days from the last date of exposure or date of return to New Jersey. Contact your local health department for further guidance.

Signature: _____ Date: _____