



COVID-19 Daily Screening for Student Matrix

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in adults and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms with COVID-19 but you may experience any, all, or none of these symptoms. Please check yourself daily for these symptoms and fill out the form on <https://atgenius.com>.

Group A

- Chills
- Rigors (shivers)
- Muscle aches
- Headache
- Sore Throat
- Nausea or Vomiting
- Diarrhea
- Fatigue

Group B

- Fever (measured)
- 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 keep yourself home and notify the school

Section 2: Close Contact/Potential Exposure

Please verify if:

- You have had close contact (within 6 feet of an infected person for at least ten minutes in a confined area) with a person with confirmed COVID-19
- Someone considered a close contact of you is diagnosed with COVID-19
- You have traveled to an area of high community transmission <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 & contact the school. Contact your health provider or your local health department for further guidance. Please keep yourself home and notify the school