



MILFORD PUBLIC SCHOOL

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RICK FALKENSTEIN
Superintendent

MICHELE MCCANN
*Business Administrator
Board Secretary*

COVID-19 Daily Screening for Students/Staff

Parents/Guardians: Please evaluate your child *every morning* and follow the directions below.

Staff: Please complete a self-assessment and follow the same procedures.

Section 1: Symptoms- Check Daily

Any of the following symptoms could indicate a COVID-19 infection and could increase your child's risk for spreading illness to others. Please note that this list does not include all possible symptoms, and children with COVID-19 may experience any, all or none of these symptoms.

Column A (If ANY, stay home)

Column B (If two, stay home)

<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Fever (100F or above)	<input type="checkbox"/> Headache
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Congestion or runny nose
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Myalgia (muscle aches)
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Rigors (shivers)
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Chills
<input type="checkbox"/> New loss of taste	<input type="checkbox"/> Fatigue
<input type="checkbox"/> New loss of smell	

If your child has any ONE of the symptoms in column A OR TWO OR MORE symptoms in column B, please keep your child at home and notify the school nurse* and your child's doctor. Depending on the level of community spread, **siblings will need to be kept home, and ill students may need a negative COVID test to return to school.**

Section 2: Close Contact/Potential Exposure

Please verify if, in the last 14 days:

<input type="checkbox"/> Your child 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 or probable COVID-19.
<input type="checkbox"/> Someone in your household is diagnosed with or being tested for COVID-19.
<input type="checkbox"/> Your child has traveled from any U.S. state or territory outside of New York, Connecticut, Pennsylvania and Delaware and is not otherwise exempt from quarantine under the DOH travel restrictions.

If ANY of the fields in Section 2 are checked off, contact the school for exclusion recommendations.

Contact your child's healthcare provider or the local health department for further guidance, and please notify the school nurse.

***PLEASE REMEMBER TO CALL THE NURSE IF YOUR CHILD WILL BE ABSENT #908-995-4349**