



# Hunterdon Preparatory School

## COVID-19 Screening Form

**Per NJ DOE/DOH guidelines, forms must be completed prior to arrival on campus and submitted on initial contact.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Circle One: Student / Staff / Guest

Cell Phone: \_\_\_\_\_

Are you experiencing any of the following symptoms?

If you are experiencing any of the symptoms below you are advised to remain in your home, alert your medical practitioner, local department of health and HPS.

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

<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
	AM Temperature (home)
	Arrival Temperature – taken by HPS staff
	Assessment Temperature – if deemed necessary by HPS staff

I am not experiencing any symptoms at this time.

Please verify if:

<input type="checkbox"/>	You or your child has 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 or your child has traveled or had contact with someone who has traveled to an <u>area of high community transmission or internationally.</u>

**If you answered “YES” to the above questions, you should remain home for 14 days from the last date of exposure or date of return to New Jersey.**

Signature: \_\_\_\_\_