



STERLING HIGH SCHOOL

HOME OF THE SILVER KNIGHTS

Jarod Claybourn, Principal

501 S. Warwick Road

Somerdale, NJ 08083

Phone (856) 784-1333 FAX (856) 784-7661



COVID-19 Daily Screening for Students

Name _____ Date _____

Parents/Guardians: Please complete this short check each morning and report your child's information per your school's reporting instructions.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at 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.

Please check your child daily for these symptoms:

Column A

Column B

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

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

Students who are sick (e.g. fever, vomiting, diarrhea) should **not** attend school in-person. 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 keep your child home and notify the school for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

- 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 COVID-19
- Someone in your household is diagnosed with or being tested for COVID-19
- 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 [\[link DOH travel restrictions\]](#)

If **ANY of the fields in Section 2 are checked off**, contact your school for exclusion recommendations. Contact your child's healthcare provider or your local health department for further guidance.

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