



Winfield Township School
 7 ½ Gulfstream Ave
 Winfield, NJ 07036
 Phone: (908) 486-7410 Fax: (908) 486-4571
 Ross LeBrun ♦ Chief School Administrator



COVID-19 Daily Pre-screening Questionnaire

To enter the building, each student, staff member, or visitor must complete this form.

Name: _____ Date: _____
 (circle one) **Staff** **Visitor** **Student:** Grade: _____

If you have any two of these symptoms, you should stay home, stay away from other people & you should call your healthcare provider

Fever or chills	YES NO	Sore throat	YES NO
New uncontrolled cough that causes difficulty breathing (for those with allergic/asthmatic cough, a change in their cough from baseline)	YES NO	Blood clots or unexplained vascular issues, including unusual swelling of extremities	YES NO
Congestion or runny nose	YES NO	Nausea or vomiting	YES NO
Fatigue	YES NO	Diarrhea	YES NO
Muscle or body aches	YES NO	New loss of taste or smell	YES NO
Shortness of breath or difficulty breathing	YES NO	New onset of severe headache, especially with a fever.	YES NO

Are you waiting for the results of a COVID-19 test? YES NO

Have you been diagnosed with COVID-19 in the past three weeks? YES NO

Have you had close contact with someone who has these symptoms, is awaiting a Covid test result, or has tested positive in the last 10 days? YES NO

By signing below, you are attesting that the information is true and correct. If you answered yes to any of the questions above - **do not report to school** - contact the office to determine the next steps.

Parent/guardian signature _____