

Ridgefield Park Public Schools COVID-19 Screening

Section 1: Symptoms (<https://www.nj.gov/education/roadforward/docs/HealthAndSafetyGuidanceSY2122.pdf>)

Any of the symptoms below could indicate a COVID-19 infection and may put someone at risk for spreading illness to others. Please note that this list does not include all possible symptoms and those with COVID-19 may experience any, all, or none of these symptoms. Please check daily for these symptoms:

Column A:

<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
<input type="checkbox"/>	Runny nose
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting

Column B:

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New olfactory disorder (New smell disorder)
<input type="checkbox"/>	New taste disorder
<input type="checkbox"/>	

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 stay home and notify the school nurse for further instructions. Report absence to appropriate building staff as well.

SECTIONS 2 AND 3 SHOULD ONLY BE COMPLETED BY INDIVIDUALS WHO ARE NOT FULLY VACCINATED

Section 2: Close Contact/Potential Exposure - Please verify if:

<input type="checkbox"/>	You had close contact with someone suspected or known to have COVID-19. (Per the CDC, close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period.)
<input type="checkbox"/>	Someone in the household is diagnosed with COVID-19

If ANY of the fields in Section 2 are checked off, you should remain home for 14 days from the last date of exposure. Notify the school nurse and report absence to the appropriate building staff as well.

Section 3: Travel - Please verify if:

<input type="checkbox"/>	You have traveled outside of the allowed five states (New Jersey, New York, Connecticut, Pennsylvania, or Delaware) within the last 10 days
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If Section 3 is checked off, you should self-quarantine for 7 days and get a PCR test 3-5 days after returning home from travel. To be approved to return back to school a negative PCR test result must be provided to the school nurse. If you choose not to get tested, you must quarantine for 10 days, and self-monitor before returning back to school. **Notify the school nurse and report absence to the appropriate building staff as well.**

Refer to the [RPPS School Reopening 2021 Frequently Asked Questions](#) for further guidance and helpful links.