



ESTELL MANOR SCHOOL DISTRICT  
128 Cape May Avenue, Estell Manor, New Jersey 08319  
Phone: (609) 476-2267 Fax: (609) 476-4205  
Dianna Abraham Joe Rodio  
Chief School Administrator School Business Administrator

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

Parents/Guardians: Please complete the wellness screening on Share 911.com or download the Share 911 app. A wellness screening must be completed at the start of each school day for each student.

1. Does your child have two or more of any of the following symptoms (Please put an "X"):

- |   |  |
|---|--|
| <input type="checkbox"/> fever (measured or subjective) | <input type="checkbox"/> runny nose                  |
| <input type="checkbox"/> chills                         | <input type="checkbox"/> rigors (shivers)            |
| <input type="checkbox"/> myalgia (muscle aches)         | <input type="checkbox"/> headache                    |
| <input type="checkbox"/> sore throat                    | <input type="checkbox"/> nausea or vomiting, fatigue |
| <input type="checkbox"/> diarrhea                       | <input type="checkbox"/> runny nose                  |
| <input type="checkbox"/> congestion                     |  |

If **two or more** of the above symptoms are present, please keep your child home and notify school for further instructions.

2. Does your child have any of the following symptoms ("X"):

- |   |   |
|---|---|
| <input type="checkbox"/> cough                | <input type="checkbox"/> shortness of breath,       |
| <input type="checkbox"/> difficulty breathing | <input type="checkbox"/> new loss of smell or taste |

If **one or more** of the above symptoms are present, please keep your child home and notify school for further instructions.

3. Has your child had close contact (within 6 feet of an infected person for at least 10minutes) with a person with confirmed COVID-19 ("X"):

- YES  NO

If yes, please keep your child home and notify school. Your child should remain home for 14 days from the last date of exposure.

4. Has someone in your child's household been diagnosed with COVID-19 ("X")

- YES  NO

5. Have you traveled to an area of high community transmission?

- YES  NO

If yes, please keep your child home and notify school. Your child should remain home for 14 days.