



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

Name: _____ Date: _____

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"/> rigors (shivers) |
| <input type="checkbox"/> chills | <input type="checkbox"/> headache |
| <input type="checkbox"/> myalgia (muscle aches) | <input type="checkbox"/> nausea or vomiting, fatigue |
| <input type="checkbox"/> sore throat | <input type="checkbox"/> runny nose |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> new loss of smell or taste |
| <input type="checkbox"/> congestion | <input type="checkbox"/> shortness of breath, |
| <input type="checkbox"/> cough | |
| <input type="checkbox"/> difficulty breathing | |

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

2. 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

3. Has someone in your child's household been diagnosed with COVID-19 within the past month? ("X")

YES NO

4. Have you traveled out of New Jersey? If yes, were you out of the state for 24 hours or more?

YES NO

If you answered yes to any of the above questions, please keep your child home and notify the school nurse immediately. Your child should remain home for 14 days.