



ESTELL MANOR SCHOOL DISTRICT  
128 Cape May Avenue, Estell Manor, New Jersey 08319

Phone: (609) 476-2267

Dr. Michelle Capelluti  
Interim Superintendent

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William H. Thompson  
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 beyond the regions of New Jersey, New York, Connecticut, Pennsylvania, Delaware 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 10 days.