

All students, employees, contractors, and other individuals must self-administer these questions before coming into any District facility or attending any District-sponsored event. **If you answer “yes” to any screening question, or you recently tested positive for COVID-19 or are awaiting test results, you are deemed to have a suspected case of illness and must return home as soon as practicable to self-isolate/quarantine.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are you experiencing any of the following symptoms?   | Please Mark One              |                             |
| a. Fever over 100.4° F   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Cough or shortness of breath  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Sore throat   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Chills  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Muscle aches, shivering, or fatigue   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Headache  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Recent loss of taste or smell   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Abdominal pain, nausea, vomiting, or diarrhea   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you had close contact with someone who is currently sick?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you been diagnosed with COVID-19 in the past three weeks or have reason to believe you have COVID-19?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you traveled or had close contact with anyone who has traveled internationally in the last 14 days?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you traveled or had close contact with anyone who has traveled to any state on the New Jersey COVID-19 Travel Advisory List? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. What was the result of your most recent COVID-19 test?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
|  | Awaiting Result              | Positive                    |
|  |                              | <input type="checkbox"/>    |
|  |                              | Negative                    |

If you answered “yes” to any question above, you are NOT PERMITTED to enter District property and must return home to self-isolate/quarantine immediately. **Any person who enters District property despite answering “yes” may be subject to discipline and/or civil or criminal penalty.**