

## Orange- High Level Student Form

Any of the symptoms below could indicate a COVID-19 infection and may put ***you*** or child at risk for spreading illness to others. Please note that this list does not include all possible symptoms of COVID-19. Some people may experience any, all, or none of these symptoms. Please consider these symptoms if they are ***new and unexplained***.

Section A - If TWO OR MORE of the fields in this Section are checked off, please keep your child home and notify the school nurse ***and your family physician for further guidance***.

Fever (measured or subjective) (Student must remain at home until 24 hours after their fever has ended without the use of fever reducing medications)

Chills

Rigors (shivers)

Myalgia (muscle aches)

Headache

Sore Throat

Nausea or Vomiting

Diarrhea

Fatigue

Congestion or runny nose

Section B - If AT LEAST ONE field in this Section is checked off, please keep your child home and notify the school nurse ***and your family physician for further guidance***.

Cough

Shortness of Breath

Difficulty Breathing

New loss of smell

New loss of taste

**During the Orange ( High) Risk times: Close Contact/Potential Exposure - If ANY of the fields in the Close Contact/Potential Exposure section are checked off, your child *must* remain home for 14 days from the last date of contact ( if in close contact of a**

confirmed *or suspected* COVID-19 case) or until the symptomatic person tests negative and receives an alternate diagnosis. If you or your child have traveled out of New Jersey your child *must* remain home for 14 days from the date of return to New Jersey.

**\*\*Siblings of a student who has symptoms and meets the Covid-19 Exclusion Criteria should be excluded from school until the symptomatic individual receives a negative test result and alternate diagnosis. If the symptomatic individual tests positive, the sibling (s) will need to self quarantine.**

"Next Section"

Contact your schools nurse, your health care provider or your local health department for further guidance if you meet any of the criteria below. Please verify if ***within the last 14 days.***

Your student has had ***a potential exposure*** (within 6 feet of an infected person for ***15 minutes or more within a 24 hour period***) with a person with confirmed ***or suspected*** COVID-19

***Your student or*** someone else in your household is diagnosed with Covid-19, ***has been tested for, or are awaiting test results for suspected COVID-19***

Your student or anyone in your household has traveled to an area of high community transmission  
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Please contact your school nurse if you have any questions.