CLIFFSIDE PARK PUBLIC SCHOOLS

COVID-19 Testing and Symptom Assessment for New Enrolled Student(s) from Out of Country/State and/or Currently Enrolled Student(s) who have traveled Out of Country/State

NAME:			
	LAST	FIRST	INITIAL

STREET ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER:	DATE OF BIRTH:
SCHOOL:	GRADE:
DATE OF SYMPTOM ASSESSMENT:	DATE ENTERED IN NEW JERSEY:
DATE(S) OF QUARANTINE COMMENCEMENT AND COMPLETION:	

SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS
PEOPLE WITH THESE SYMPTOMS MAY HAVE COVID-19

SYMPTOMS (CHECK ALL THAT APPLY)

- ☐ FEVER OR CHILLS
- ☐ COUGH
- ☐ SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- ☐ FATIGUE
- ☐ MUSCLE OR BODY ACHES
- ☐ HEADACHE
- ☐ NEW LOSS OF TASTE OR SMELL
- ☐ SORE THROAT
- ☐ CONGESTION OR RUNNY NOSE
- ☐ NAUSEA OR VOMITING
- ☐ DIARRHEA

IF ANY SYMPTOM IS REPORTED OR POSITIVE COVID-19 RESULTS, STUDENT CANNOT ENTER SCHOOL UNTIL CLEARED BY A PHYSICIAN AND PROVIDE NEGATIVE COVID-19 TEST RESULTS

☐ NONE OF THE ABOVE SYMPTOMS OF COVID-19 REPORTED OR OBSERVED

(THIS PORTION ONLY TO BE COMPLETED UPON RECEIPT OF COVID-19 TEST RESULTS)

COVID-19 TEST RESULTS: ☐ NEGATIVE ☐ POSITIVE (PLEASE ATTACH ALL LAB WORK)

NAME OF LICENSED MD (PRINT) OR STAMP	SIGNATURE DATE:
ADDRESS TELEPHONE#	FAX: