

Student Daily Health Screening Form

Educational Polish Corporation/ Frederic Chopin Polish Language School

To participate in Saturday polish classes in Mountain Villa Elementary School, the parent/guardian must complete this form. The daily screening form is mandatory for each Saturday for the safety and well-being of all; please be advised that answer "Yes" for questions no. 1,3,4,5,6 or two times "Yes" for question no.2, will exclude your child from participating in the polish classes for that day. Your cooperation and understanding of this matter are greatly appreciated.

Student Last Name: _____ **Student First Name:** _____

Grade: _____ **Date:** _____

Parent/Guardian phone number: _____

1. Is your child experiencing ANY of the following symptoms? Circle your answer.

New Cough	YES	NO
Shortness of Breath	YES	NO
Difficulty Breathing	YES	NO
New Loss of Smell	YES	NO
New Loss of Taste	YES	NO

2. Is your child experiencing TWO OR MORE of the following symptoms?

Fever (measured or subjective)	YES	NO
Chills	YES	NO
Rigors (shivers)	YES	NO
Myalgia (muscle aches)	YES	NO
Headache	YES	NO
Sore Throat	YES	NO
Nausea or Vomiting	YES	NO
Diarrhea	YES	NO
Fatigue	YES	NO
Congestion or runny nose	YES	NO

3. Does your child have a temperature over 100.4? YES NO

4. Has a fever reducing medication been administered? YES NO

5. Did your child travel outside of NJ in the last 14 days to a state on the quarantine list? YES NO

6. In the past two weeks have you or your child been in contact with someone diagnosed with COVID-19? YES NO

I understand that, by entering the building, I assume the risk of being exposed to and/or contracting COVID -19. I hereby forever generally release, waiver, discharge, indemnify, and covenant not to sue neither the Board of Educational Polish Corporation and any of its members, directors, officers, employees, volunteers and agents nor Board of the Allamuchy District for any and all claims relating to any illness or injury that may result from entering the building.

Parent Signature