

LAWRENCE HIGH SCHOOL
 2525 Princeton Pike
 Lawrenceville, New Jersey 08648
COVID-19 Daily Pre-screening Questions

Name of Athlete: _____ Date: _____

Parent/Guardian Cell: _____ Sport: _____

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check daily for these symptoms:

Column A

Column B

<input type="checkbox"/>	Fever (measured or subjective)	<input type="checkbox"/>	Cough
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Rigors (shivers)	<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	Myalgia (muscle aches)	<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	Headache	<input type="checkbox"/>	New loss of taste
<input type="checkbox"/>	Sore Throat		
<input type="checkbox"/>	Nausea or Vomiting		
<input type="checkbox"/>	Diarrhea		
<input type="checkbox"/>	Fatigue		
<input type="checkbox"/>	Congestion or runny nose		

If TWO OR MORE of the fields in Column A are checked off OR AT LEAST ONE field in column B is checked off, please stay home and notify the school nurse and your coach for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

<input type="checkbox"/>	You have had close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19
<input type="checkbox"/>	You have traveled to from any U.S. State or territory outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under the DOH travel restrictions

If **ANY of the fields in Section 2 are checked off**, you should remain home for 14 days from the last date of exposure (if a close contact of a confirmed COVID-19 case) or date of return to New Jersey. Contact your local health department for further guidance.

To participate in practices/games during the LHS winter sports season, each student must complete this form daily before every workout. Screening questionnaires must be completed prior to arriving on school grounds.

Temperature Recorded Upon Arrival to Practice/Game: _____