



COVID SCREENING QUESTIONS

1. Have you traveled outside of NJ to any designated high risk state, OR been in close contact with anyone who has traveled outside of NJ to any risk state within the last 14 days?
2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
3. Have you experienced any of the following cold or flu-like symptoms in the last 5 Days that you CANNOT contribute to any other health condition:
 - Felt unwell with respiratory symptoms?
 - Fever or feeling feverish?
 - Chills?
 - A new cough?
 - Shortness of breath?
 - A new sore throat?
 - New muscle aches?
 - New headache?
 - New loss of smell or taste?
 - Diarrhea or vomiting?
4. Do you have a fever of 100 or higher at this moment? (Screen for temp)

Visitors answering, "YES," to any of the above questions will not be permitted access to the District.

Please make an appointment to return when you can answer, "No," to all questions.