



Pleasantville Public Schools

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Good Morning: This email serves as your reminder to assess your child using the Daily Health Screening Checklist **prior** to sending him/her on the school bus or to school for in-person learning.

ONLY complete the form, linked below, if your child has symptoms based on the checklist.

[Student Health Screening Form](#) (Please right click on link)

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child 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. **Additionally, students who are sick (e.g. Fever, vomiting, diarrhea) should not attend school in-person.**

Please check your child daily for these symptoms

COLUMN A	COLUMN B	SCHOOL CONTACTS	Ext.
<input type="checkbox"/> Fever (measured or subjective)	<input type="checkbox"/> Cough	LAS - Shelly Schwartz	2354
<input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath	NMSS - Karen Kuhrt	2030
<input type="checkbox"/> Rigors / Shivers	<input type="checkbox"/> Difficulty Breathing	SMSS - Maria Hinkley	2142
<input type="checkbox"/> Myalgia (muscle aches)	<input type="checkbox"/> New loss of Smell	WAS - Kelly Gallagher	2201
<input type="checkbox"/> Headache	<input type="checkbox"/> New loss of Taste	MSP - Trisha Reid	2030
<input type="checkbox"/> Sore Throat		PHS - Novlette Brooks	4027
<input type="checkbox"/> Diarrhea			
<input type="checkbox"/> Fatigue			
<input type="checkbox"/> Congestion or Runny Nose			

If **AT LEAST TWO FIELDS IN COLUMN A** are existing – OR – **ONE OR MORE of the fields in COLUMN B** are existing, your child / children must remain home. Additionally, you should contact your child's school nurse, healthcare provider and/or your local health department for further guidance. Lastly, please complete the Google Form lined above and contact your child's school.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

<input type="checkbox"/>	Your child had close contact (within 6 feet of an infected person for at least 15 minutes during a 24 hour period) with a person with confirmed COVID-19 within the past 14 days?
<input type="checkbox"/>	Someone in your household has been tested for COVID-19 within the past 14 days?

If **ANY** of the fields in Section 2 are checked off, your child must remain home for 10 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 child's provider or your local health department for further guidance.

NOTE: The Google Form (linked above) should **ONLY** be completed if your child is exhibiting symptoms indicated above and is therefore staying home from in-person instruction for the day.