

BERGENFIELD PUBLIC SCHOOLS  
21-22 ONE-TIME STUDENT HEALTH SCREENER PAPER FORM

STUDENT NAME: \_\_\_\_\_

I certify I will not send my child, to any school programs if he/she meet any of the following criteria:

- Tested positive for COVID-19 in the past week.
- Has been in close contact with someone who has tested positive for COVID-19 in the past week AND is not fully vaccinated
- Has any of the following symptoms: shortness of breath, cough difficulty breathing, olfactory disorder, loss or change in ability to taste
- Has two or more of the following systems: runny/stuffy nose, fever (greater than 100.0 F), chills shivers, sore throat, muscle aches, headache, tired/fatigued, nausea vomiting, diarrhea
- Has taken fever-reducing medication for the purpose of reducing a fever
- Has taken fever-reducing medication for the purpose of reducing a fever
- Has traveled out of the country or been in contact with someone who has been in the past 14 days AND is not fully vaccinated
- Has traveled to a state other than NY, CT, PA or DE or been in contact with someone who has been in 14 days and is not fully vaccinated.

By printing and signing your name below serves as your signature and certification of this form.

**Print name**

**Signature**

**\* Please return the form to the main office.**