



MONROE TOWNSHIP SCHOOLS
423 Buckelew Avenue
Monroe Township, New Jersey 08831
www.monroe.k12.nj.us

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Daily COVID-19 PRE-SCREENING QUESTIONNAIRE for Students

Student Name		Grade (2020-2021)	
School Attended		Applegarth <input type="checkbox"/> Barclay Brook <input type="checkbox"/> Brookside <input type="checkbox"/> Mill Lake <input type="checkbox"/>	Oak Tree <input type="checkbox"/> Woodland <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/>
Please check yes or no for each question below ("You" refers to the student in all questions):	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is your temperature greater than 100.0° Fahrenheit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you experiencing a cough or shortness of breath?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you experiencing a sore throat?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you experiencing chills?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you experiencing a headache?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you experiencing a new loss of taste or smell?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you experiencing abdominal pain, nausea, vomiting, or diarrhea?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you been in close contact with someone who is known to have COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you been diagnosed with COVID-19 in the past 2 weeks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have reason to believe that you have COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you traveled internationally in the past 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you traveled overnight to any of THE STATES LISTED ON THE NJ.GOV (http://nj.gov) WEBSITE REQUIRED TO SELF-QUARANTINE in the past 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If you answered YES for any of the questions, please do not bring your child to school and contact the school nurse.

Parent Name (print)

Parent Signature

Parent Contact #

Date