



Mandatory Daily Questionnaire

This questionnaire must be completed daily, and handed to the bus driver or staff member before students go on the bus or enter the school building.

This is required by the State of NJ and will not be shared with anyone. Please fill out a separate sheet for each student.

Date ____/____/____

Student's Name _____ (Grade) _____
Last First

Please check (✓) the appropriate response:

YES
☐

NO
☐

Has the student been in close contact (within 6 ft. for 10 min) in the past 14 days with anyone who has tested positive for Covid-19

OR does someone in the household have symptoms of Covid-19 or tested positive in the past 14 days

OR has the student travelled to any state or area that is on the NJ quarantine list?

YES
☐

NO
☐

Has the student experienced any **two** of the following: chills, shivers, muscle aches, headache, sore throat, nausea/ vomiting, diarrhea, fatigue, congestion/runny nose

OR has the student experienced any **one** of the following: coughing, shortness of breath, difficulty breathing, a new loss of taste or smell?

YES
☐

NO
☐

Has the student received any fever reducing medication?

Parent Intl. _____

If anything related to these questions changes at any point, please immediately notify the school office at attendance@shalomtorah.org.

_____ Do not write below this line - for staff use only _____

☐

Student temperature below 100.4 degrees

For preschoolers only: student temperature is _____