

## Adult Community Services COVID-19 Daily Screening Form

Please complete this form daily before your participant leaves for program and email it at least 15 minutes prior to the start of program. [asanchez@escnj.us](mailto:asanchez@escnj.us); [rslater@escnj.us](mailto:rslater@escnj.us); [myeye@escnj.us](mailto:myeye@escnj.us)

Date: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

SECTION 1: *Are you up-to-date\* with recommended vaccines* or recovered from COVID-19 infection in the prior 3 months:

- Yes  
 No

SECTION 2: Has your participant experienced any of the following symptoms within the last **48 hours**:

- |   |   |
|---|---|
| <input type="checkbox"/> Fever (100.4)        | <input type="checkbox"/> Headache                   |
| <input type="checkbox"/> Chills               | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Cough                | <input type="checkbox"/> Sore Throat                |
| <input type="checkbox"/> Shortness of breath  | <input type="checkbox"/> Congestion or runny nose   |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Nausea or vomiting         |
| <input type="checkbox"/> Fatigue              | <input type="checkbox"/> Diarrhea                   |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> None of the above          |

SECTION 3: Close Contact with someone who has COVID-19 (not applicable to participants who are *up-to-date with their COVID-19 vaccinations (including booster)*, or recovered from COVID-19 infection in the prior 90 days unless immunocompromised): Please verify if:

- You have had close contact (within 6 feet of an infected person for a cumulative time of 15 minutes in a 24-hour period) with a person with a lab-confirmed case of COVID-19, or had direct contact with their mucus or saliva, in the last 14 days?
- Someone in your household is diagnosed with COVID-19
- None of the above

Participants who are sick **should not** attend program in-person. If symptoms in SECTION 2 are checked off, please keep your participant home and notify the program for further instructions.

If ANY of the fields in SECTION 3 are checked off, your participant should remain home for 10 days from the last date of exposure or date of return to New Jersey.

Contact your participant's health care provider or your health department for further guidance.

\*At this time, up-to-date with recommended vaccines means having received all primary doses and booster shots recommended for the individual.