Dear Parents,

Below is the student symptom exclusion list for COVID-19 as well as what to do if your child is showing compatible symptoms. We are following guidance given by the New Jersey Department of Health.

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.

If **TWO OR MORE of the fields in Column A** are checked off OR AT LEAST **ONE field in column B** is checked off, keep your child home and notify the school nurse for further instructions.

Column A
Fever (<100.4 measured or subjective)
Chills
Shivers
Muscle aches
New headache
Sore throat
New fatigue
Congestion or runny nose
Diarrhea- may not attend school while
symptoms persist
Vomiting- may not attend school while
symptoms persist. (Must be able to tolerate
food without vomiting for 24 hours prior to
return to school)

Column B
New cough
Fever (≥ 100.4°F)
New shortness of breath
Difficulty breathing
New loss of smell
New loss of taste

Any child with symptoms meeting exclusion criteria will need to submit a negative COVID test **OR a ten day isolation AND medical clearance form to the school nurse prior to return to school**

Clearance form: http://sayrevillek12.net/common/pages/DisplayFile.aspx?itemId=95371279

*please remember to fill out the daily health screener every day for you child

Students with a chronic or diagnosed illness/condition that displays any of the above symptom should have his/her doctor provide documentation to the school nurse for review by the school district physician for further instructions.