

JD KIM'S TAEKWONDO ACADEMY

3151 State Route 27. Franklin Park, NJ 08823 (732) 821-1117

COVID-19 Screening Form

Student Name: _____ Date : _____

Please complete this short checklist each week and report your information to our school for in-class sessions.

Section 1: Symptoms

*Please check off all symptoms you had this week.

- a fever of 100 degree F or higher
- nausea or vomiting
- diarrhea
- coughing
- shortness of breath
- difficulty breathing
- chills
- muscle aches
- headache
- sore throat
- fatigue
- congestion / running nose
- None of the above

Section 2: Close Contact / Potential Exposure

*Please verify and check one.

- You have had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed Covid-19.
- Someone in your household is diagnosed with Covid-19.
- You have traveled to an area of high community transmission.
 - Traveled out of NJ state.
 - Traveled out of the country
- None of the above

Section 3: School Information

*Please check one. If you are attending school full time or hybrid, please provide the name of your school and town.

- Full remote learning at home
- Hybrid - in-person & remote learning
- Attending school full time

School Name: _____ Town: _____

* Please notify us if the student or a close family member(s) have tested positive of COVID-19.

* All information will be confidential.

