



Washington Township Public Schools COVID-19 Screening Pledge for Community

Community Member Name: _____

Address: _____

Instructions: This form **MUST** be completed once **PRIOR** to attending an in-person meeting.

Section 1: COVID-19 Symptom Check

In order to attend in-person meetings at the Washington Township Public Schools and in an effort to keep staff and students safe, I pledge that I have checked myself for the following symptoms **prior** to attending this meeting. I understand any of the symptoms below could indicate COVID-19 infection and may put me and others at risk for spreading illness.

Column A
Fever greater than 100
Chills
Rigors (shivers)
Myalgia (muscle aches)
Headache
Sore Throat
Nausea or Vomiting
Diarrhea
Fatigue
Congestion/runny nose

Column B
Cough
Shortness of Breath
Difficulty Breathing
New loss of smell
New loss of taste

If **TWO OR MORE of the symptoms in Column A** are present OR **AT LEAST ONE symptom in Column B** is present, I understand that I cannot attend this in-person meeting and will avail myself to a virtual option.

Section 2: Close Contact/Potential Exposure

Please verify if:

I had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19, within the past 14 days
Someone in my household is diagnosed with COVID –19, within the past 14 days
I have traveled to an area of high community transmission, within the past 14 days

If **ANY of the above statements are true**, I will not attend this in-person meeting and will avail myself to any virtual option.

Section 3: Masks

I also understand that I am required to wear a mask that covers my nose and mouth at all times in any District building. If I refuse to wear a mask or wear a mask over my nose and/or mouth, I understand that I will not be permitted in the meeting.

Community Member Name (Print): _____

Community Member Name (Signature): _____

Date: _____