

Glassboro Public Schools
Department of Special Services

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Christine Williams, Supervisor of Special Services

STAFF SCREENING CONFIRMATION FORM FOR EVALUATIONS

The completion of this form is required for you to enter the school building for a scheduled assessment. Please complete below upon arriving at the building.

NAME: _____

SCHOOL: _____

DATE OF ASSESSMENT: _____

By signing below, I am confirming that I am fever free (temperature must be less than 100.4) and am not exhibiting the symptoms listed below on the above indicated date.

- Cough
- Shortness of breath or difficulty breathing
- Fever or chills
- Sore throat
- New loss of taste or smell
- Headache
- Muscle or body aches
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

To the best of my knowledge, I have not tested positive for COVID-19 or been exposed to someone who has tested positive for COVID-19 in the last 14 days.

I have not travelled internationally or within the United States where the COVID-19 cases are increasing within the last two weeks.

I agree to contact the Child Study Team office if I test positive for COVID-19 up to 14 days after today's date.

SIGNATURE: _____

Please note: A new signed form is required for each day of testing.

EQUAL OPPORTUNITY EMPLOYER