

Saddle River School District-Wandell School
2021-22 Daily Screening for Students/Staff

Name _____

Date _____

Parents/Guardians: Please review this form every morning with your child, sign the bottom, and send it to school with your child. The School Nurse's contact info is: Mrs. Siemsen, msiemsen@wandellschool.org, 201-327-0727, 212

Section 1: Symptoms

- If your child exhibits **TWO OR MORE symptoms from Column A** OR **AT LEAST ONE symptom from Column B**, please KEEP ALL CHILDREN HOME and email the School Nurse with this information.
- **WHEN IN DOUBT-STAY HOME**

Column A

- _____ Fever (measured or subjective)
- _____ Chills
- _____ Rigors (shivers)
- _____ Myalgia (muscle aches)
- _____ Headache
- _____ Sore Throat
- _____ Nausea or Vomiting
- _____ Diarrhea
- _____ Fatigue
- _____ Congestion or Runny Nose

Column B

- _____ Cough
- _____ Shortness of Breath
- _____ Difficulty Breathing
- _____ New loss of smell
- _____ New loss of taste

Section 2: Close Contact/Potential Exposure, & Pending Covid Test

- Please KEEP ALL CHILDREN HOME and email the School Nurse if your child or anyone in your household:
 - A. Is Diagnosed with COVID-19
 - B. Has a PENDING COVID-19 test result
 - C. Has had close contact with a person with COVID-19 within the past 14 days **

*** (6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period starting from 2 days before illness onset or (for asymptomatic patients) 2 days prior to test specimen collection until the time the patient is isolated.)*

Section 3: Travel Guidelines

While there is no statewide travel advisory or mandate in place at this time, we hope that everyone will consider the recommendations from the CDC and the state of NJ. If you have any questions about traveling, please contact the School Nurse

- [NJ travel recommendations](#)
- [CDC international travel recommendations](#)
- [CDC domestic travel recommendations](#)

Parent Signature: _____