

**Saddle River School District-Wandell School**  
**Updated COVID-19 Daily Screening for Students/Staff**

Revised January 15, 2021

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](mailto: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, Travel, and 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 travelled out of the immediate area (NJ, NY, CT, PA, DE) within the past 14 days
  - D. Had visitors from out of the immediate area (NJ, NY, CT, PA, DE) within the past 14 days
  - E. Has had close contact with a person with COVID-19 within the past 14 days

*\*New Close Contact Definition: Someone who was within 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.*

**Parent Signature:** \_\_\_\_\_