South Hackensack School District

Dyer Ave · South Hackensack, NJ 07606 · (201) 440-2782

Jason Chirichella, Acting Superintendent/Principal
Carla Moreno, Supervisor of Curriculum & Instruction
Dina Messery, Business Administrator
Elizabete Schaefer, Board Secretary

RE: Daily Home Screening Form

Dear Parent,

Please see the attached form that is required for parents to complete prior to students riding the school bus.

As per the bus company's safety requirements **"NO FORM, NO BUS.**

The bus company will have a few extras on hand but is not required to supply parents on a daily basis.

Please make sure this form is filled out and handed to the bus driver.

Jason Chirichella
Acting Superintendent/Principal

South Hackensack School District

DAILY HOME SCREENING FOR STUDENTS

Student Name: ______________________ **School:** Memorial School

Please check your child for symptoms of illness and complete this mandatory checklist each morning to report your child's information. If any of the below items are selected, please contact the school nurse promptly. Your child will not be permitted to board the school bus and will require clearance from the school nurse to attend school.

SECTION 1: SYMPTOMS

If your child has any of the symptoms listed in Column A or Column B of the chart below or has been in close contact with an individual diagnosed with COVID-19, this may indicate the possible presence of illness and/or risk of spreading illness to others. Please note that this chart does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child for these symptoms every morning and report the following concerns regarding potential exposure:

SYMPTOMS: COLUMN A	SYMPTOMS: COLUMN B
❑ Temperature of 100.4°F or greater ❑ Chills ❑ Rigors (shivers) ❑ Myalgia (muscle pain) ❑ Headache ❑ Sore throat ❑ Nausea/vomiting ❑ Diarrhea/abdominal pain ❑ Fatigue ❑ Congestion or runny nose ❑ New or unexplained rash	❑ New uncontrolled cough (for students with chronic allergic/asthmatic cough, a change in their cough from baseline) ❑ Shortness of Breath ❑ Difficulty Breathing ❑ New loss of smell ❑ New loss of taste

Was your child given medication for any symptom(s) listed under Column A or Column B above?

❑ YES ❑ NO

SECTION 2: Close Contact/ Potential Exposure

- ❑ Had close contact (within 6 feet for at least 10 minutes) with a person confirmed to have COVID-19
- ❑ Had close contact with household member displaying symptoms of COVID-19
- ❑ Student or household family member currently under investigation for COVID-19 or awaiting COVID-19 test results
- ❑ Student or a household family member traveled out of state or out of the country within the past 14 days. If so, where? ______________
- ❑ Lives in area of high community transmission or area currently experiencing outbreak of COVID-19
- ❑ Student or a household family member has been advised by a medical provider or public health official to self-quarantine for any reason